

SCRIPTED TEXT FOR 2004 PATS RETURNS
FORMS 1040, 1040A, 1040EZ
FORMS W-2, W-2G AND 1099-R

TEST #1

FORMS INCLUDED: FORM 1040EZ, W-2 (1)

FORM 1040EZ:

First Name, MI, & Last Name:	(TEST I WHY)
Social Security Number:	(400-00-1001)
Spouse's Name, MI, & Last Name:	(GWEN R KNOTT)
Spouse's Social Security Number:	(400-00-2001)
Home Address:	(12457 WILSHIRE-ON-THE-HAMPTONS BLVD)
City, State, and Zip:	(WYNOT NE 68792)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Line 2 Taxable interest:	(63)
Line 3 Unemployment compensation:	(200)
Line 4 Adjusted gross income:	(263)
Line 5 Can someone else claim you on their return:	(NO)
Deduction/exemption amount:	(15900)
Line 6 Taxable income:	(0)
Line 8a Earned income credit:	(390)
Line 8b Nontaxable combat pay election:	(6700)
Line 9 Total payments:	(390)
Line 10 Tax:	(0)
Line 11a Refund:	(390)
Line 11b Routing transit number:	(123456780)
Line 11c Type of account:	(CHECKING)
Line 11d Account no:	(02135763)
Third Party Designee:	(YES)
Designee's name:	(JOHN DOE)
Phone number:	(888-555-1111)
PIN:	(11125)
Taxpayer's Occupation:	(MILITARY)
Spouse's Occupation:	(HOMEMAKER)

Form W-2 #1:

b. Employers identification number:	(01-1234567)
c. Employers name address and zip code:	(US MILITARY)
	(101 SW WASHINGTON ST)
	(WASHINGTON DC 20044)
d. Employees social security number:	(400-00-1001)
e. Employees name (first, mi, last):	(TEST I WHY)
f. Employees address and zip code:	(12457 WILSHIRE-ON-THE-HAMPTONS BLVD)
	(WYNOT NE 68792)
Box 1 Wages, tips, etc.:	(0)
Box 2 Federal income tax withheld:	(0)
Box 3 Social security wages:	(6700)
Box 4 Social security tax withheld:	(415)
Box 5 Medicare wages and tips:	(6700)
Box 6 Medicare tax withheld:	(97)
Box 14 Other:	(Q 6700)
Box 15 State and state ID number:	(NE 123456)
Box 16 State wages:	(0)

TEST #2

FORMS INCLUDED: FORM 1040EZ, FORM W-2 (1)

FORM 1040EZ:

First Name, MI & Last Name:	(TEST A EAU DE TOILETTE)
Social Security Number:	(400-00-1002)
Home Address:	(5 GOTTA SMELL GOOD ST)
City, State, and Zip:	(COLOGNE MN 55322)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(SINGLE)
Line 1 Total wages:	(9000)
Line 2 Taxable interest:	(370)
Line 4 Adjusted gross income:	(9370)
Line 5 Can someone else claim you on their return:	(NO)
Deduction/exemption Amount:	(7950)
Line 6 Taxable income:	(1420)
Line 7 Tax withheld:	(75)
Line 8a Earned income credit:	(162)
Line 9 Total payments:	(237)
Line 10 Tax:	(141)
Line 11a This is your refund:	(96)
Line 11b Routing transit number:	(XXXXXXXXXX)
Line 11d Account number:	(XXXXXXXXXXXXXXXXXXXX)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(SALES CLERK)

Form W-2 #1:

b. Employers identification number:	(41-8765432)
c. Employers name address and zip code:	(SWEET AROMA HEALTH AND BEAUTY AIDES) (7 FRAGRANT WAY) (COLOGNE MN 55322)
d. Employees social security number:	(400-00-1002)
e. Employees name (first, mi, last):	(TEST A EAU DE TOILETTE)
f. Employees address and zip code:	(5 GOTTA SMELL GOOD ST) (COLOGNE MN 55322)
Box 1 Wages, tips, etc.:	(9000)
Box 2 Federal income tax withheld:	(75)
Box 3 Social security wages:	(9500)
Box 4 Social security tax withheld:	(589)
Box 5 Medicare wages and tips:	(9500)
Box 6 Medicare tax withheld:	(138)
Box 12a See instructions:	(D 500)
Box 15 State and state ID number:	(MN 41777)
Box 16 State wages:	(9000)
Box 17 State income tax withheld:	(525)

TEST #3

FORMS INCLUDED: FORM 1040EZ, FORM W-2(1)

FORM 1040EZ:

First Name MI & Last Name: (TEST N ERTIA)
Social Security Number: (400-00-1003)
Home Address: (215 LAID BACK WAY)
City State and Zip: (LAZY POINT NY 11930-2150)
Do you want \$3.00 to go to the
Presidential Campaign Fund: (NO)
Filing Status: (SINGLE)
Line 1 Total wages: (2150)
Line 2 Taxable interest: (270)
Line 4 Adjusted gross income: (2420)
Line 5 Can someone else claim you
on their return: (YES)
Deduction/exemption amount: (2400)
Line 6 Taxable income: (20)
Line 7 Federal income tax withheld: (300)
Line 8a Earned income credit: (NO)
Line 9 Total payments: (300)
Line 10 Tax: (2)
Line 11a Refund: (298)
Line 11b Routing transit number: (012456778)
Line 11c Type of account: (SAVINGS)
Line 11d Account number: (111-222-3456)

Taxpayer's occupation: (COOK)
Third Party Designee: (NO)
Daytime phone number: (305-678-9012)
This return was prepared by taxpayer

Form W-2 #1:

b. Employers identification number: (11-6321571)

c. Employers name address and zip code: (LOAFERS SANDWICH SHOPPE)
(14A LOAFERS LAND)
(LAZY POINT NY 11930)

d. Employees social security number: (400-00-1003)
e. Employees name (First, mi, Last): (TEST N ERTIA)
f. Employees address and zip code: (215 LAID BACK WAY)
(LAZY POINT NY 11930-2150)

Box 1 Wages, tips, etc.: (2150)
Box 2 Federal income tax withheld: (300)
Box 3 Social security wages: (2150)
Box 4 Social security tax withheld: (133)
Box 5 Medicare wages and tips: (2150)
Box 6 Medicare tax withheld: (31)
Box 15 State and state ID number: (NY 112176)
Box 16 State wages: (2150)
Box 17 State income tax withheld: (215)

TEST #4

FORMS INCLUDED: FORM 1040A, FORM W-2(2)

FORM 1040A:

First Name, MI & Last Name:	(TEST N BLOWNAPART)
Social Security Number:	(400-00-1004)
Spouse's Social Security Number:	(400-00-2004)
Home Address:	(781 WATERLOO WAY)
City, State, and Zip:	(NAPOLEON MI 49261)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(MARRIED FILING SEPARATELY)
Spouse's First Name and Last Name:	(FREDA T BLOWNAPART)
Dependent #1 Name:	(JOSEPHINE BATTLE)
Social Security Number:	(900-78-3004)
Relationship:	(DAUGHTER)
Qualifying child:	(X)
Dependent #2 Name:	(JACKIE CLAWS)
Social Security Number:	(400-00-4004)
Relationship:	(Parent)
Number of boxes checked on 6a and 6b:	(1)
Number of children who did not live with you:	(1)
Number of Dependents not included above:	(1)
Total number in box 6d:	(3)
Line 7 Total wages:	(22300)
Line 15 Total income:	(22300)
Line 21 Adjusted gross income:	(22300)
Line 22 Amount from line 21:	(22300)
Line 24 Standard deduction:	(4850)
Line 25 Subtract line 24 from line 22:	(17450)
Line 26 Multiply \$3100 by the total number of exemptions on line 6d:	(9300)
Line 27 Taxable income:	(8150)
Line 28 Tax:	(869)
Line 33 Child tax credit:	(869)
Line 35 Total credits:	(869)
Line 36 Subtract line 35 from line 28:	(0)
Line 38 Total tax:	(0)
Line 39 Federal income tax withheld:	(2380)
Line 42 Additional child tax credit	(131)
Line 43 Total payments:	(2511)
Line 44 Amount overpaid:	(2511)
Line 45a Refund:	(2511)
Line 45b Routing transit number:	(XXXXXXXXXX)
Line 45d Account number:	(XXXXXXXXXXXXXXXXXXXX)
Third party designee:	(NO)
Taxpayer's occupation:	(WELDER)

This return was prepared by the taxpayer

TEST #4 (continued):

Form W-2 #1:

b. Employers identification number: (38-3838196)
c. Employers name address and zip code: (WELDERS R WE)
(8888 CORKSCREW CIRCLE)
(NAPOLEON MI 49261-8888)
d. Employees social security number: (400-00-1004)
e. Employees name (first, mi, last): (TEST N BLOWNAPART)
f. Employees address and zip code: (781 WATERLOO WAY)
(NAPOLEON MI 49261)
Box 1 Wages, tips, etc.: (11500)
Box 2 Federal income tax withheld: (1300)
Box 3 Social security wages: (11500)
Box 4 Social security tax withheld: (713)
Box 5 Medicare wages and tips: (11500)
Box 6 Medicare tax withheld: (167)
Box 15 State and state ID number: (MI 384759)
Box 16 State wages: (11500)
Box 17 State income tax withheld: (805)

Form W-2 #2:

b. Employers identification number: (38-1425336)
c. Employers name address and zip code: (BONDO MAGIC COMPANY)
(ONE PLUS ONE DRIVE)
(NAPOLEON MI 49261)
d. Employees social security number: (400-00-1004)
e. Employees name (first, mi, last): (TEST N BLOWNAPART)
f. Employees address and zip code: (781 WATERLOO WAY)
(NAPOLEON MI 49261)
Box 1 Wages, tips, etc.: (10800)
Box 2 Federal income tax withheld: (1080)
Box 3 Social security wages: (10800)
Box 4 Social security tax withheld: (670)
Box 5 Medicare wages and tips: (10800)
Box 6 Medicare tax withheld: (157)
Box 15 State and state ID number: (MI 382176)
Box 16 State wages: (10800)

TEST #5

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, MI & Last Name:	(TEST O MAPLE)
Social Security Number:	(400-00-1005)
Home Address:	(7842 WEEPING WILLOW LN)
City, State, and Zip:	(AUDUBON NJ 08106-7842)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(SINGLE)
Number of boxes on 6a and 6b:	(0)
Total number box 6d:	(0)
Line 7 Total wages:	(4400)
Line 8a Taxable interest:	(6500)
Line 8b Tax exempt interest:	(1000)
Line 9a Ordinary dividends:	(3000)
Line 15 Total income:	(13900)
Line 21 Adjusted gross income:	(13900)
Line 22 Amount from line 21:	(13900)
Line 24 Standard deduction:	(4650)
Line 25 Subtract line 24 from line 22:	(9250)
Line 26 Multiply \$3100 by the total number of exemptions on line 6d:	(0)
Line 27 Taxable income:	(9250)
Line 28 Tax:	(1034)
Line 36 Subtract line 35 from line 28:	(1034)
Line 38 Total tax:	(1034)
Line 39 Federal income tax withheld:	(980)
Line 43 Total payments:	(980)
Line 47 Amount you owe:	(54)
Taxpayer's occupation:	(TREE TRIMMER)
Third party designee:	(NO)
Daytime phone number:	(201-555-1111)
Taxpayer PIN:	(19821)
Date:	(03-21-2004)

TEST #5 (continued):

Form W-2 #1:

b. Employers identification number: (22-2244661)

c. Employer name address and zip code: (TREE TOPPERS INC)
(783 CHRISTMAS TREE DRIVE)
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1005)

e. Employees name (First, mi, Last): (TEST O MAPLE)

f. Employees address and zip code: (7842 WEEPING WILLOW LN)
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (1200)

Box 2 Federal income tax withheld: (480)

Box 3 Social security wages: (1200)

Box 4 Social security tax withheld: (74)

Box 5 Medicare wages and tips: (1200)

Box 6 Medicare tax withheld: (17)

Box 15 State and state ID number: (NJ 22130)

Box 16 State wages: (1200)

Box 17 State income tax withheld: (84)

Form W-2 #2:

b. Employer identification number: (22-3355771)

c. Employer name address and zip code: (OAKLEYS YARD AND GARDEN)
(87 KUDZU CENTER)
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1005)

e. Employees name (First, mi, Last): (TEST O MAPLE)

f. Employees address and zip code: (7842 WEEPING WILLOW LN)
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (3200)

Box 2 Federal income tax withheld: (500)

Box 3 Social security wages: (3200)

Box 4 Social security tax withheld: (198)

Box 5 Medicare wages and tips: (3200)

Box 6 Medicare tax withheld: (46)

Box 15 State and state ID number: (NJ 07543917)

Box 16 State wages: (3200)

TEST #6

FORMS INCLUDED: FORM 1040A, FORM 1099-R(2)

FORM 1040A:

First Name, MI & Last Name:	(TEST P BARRELL)
Social Security Number:	(400-00-1006)
Home Address:	(25000 HAM AND BACON JUNCTION)
City, State, and Zip:	(PIG TOWN MD 21230)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(QUALIFYING WIDOW(ER))
Year spouse died:	(2003)
Dependent #1 Name:	(ROLAND BARRELL)
Social Security Number:	(400-55-3006)
Relationship:	(FOSTERCHILD)
Number of boxes checked on 6a and 6b:	(1)
Number of children who lived with you:	(1)
Total number in box 6d:	(2)
Line 8a Taxable interest:	(10000)
Line 11b Taxable IRA distributions:	(2500)
Line 12b Taxable pensions and annuities:	(4500)
Line 15 Total income:	(17000)
Line 21 Adjusted gross income:	(17000)
Line 22 Amount from line 21:	(17000)
Line 23a Taxpayer born after 1/2/1940:	(X)
Number of boxes checked:	(1)
Line 24 Standard deduction:	(10650)
Line 25 Subtract line 24 from line 22:	(6350)
Line 26 Multiply \$3100 by the total number of exemptions on line 6d:	(6200)
Line 27 Taxable income:	(150)
Line 28 Tax:	(16)
Line 30 Credit for elderly or disabled:	(16)
Line 35 Total credits:	(16)
Line 36 Subtract 35 from line 28:	(0)
Line 38 Total tax:	(0)
Line 39 Federal income tax withheld:	(200)
LITERAL:	(FORM 1099)
Line 40 2004 estimated taxes paid:	(500)
Line 43 Total payments:	(700)
Line 44 Amount overpaid:	(700)
Line 45a Refund:	(575)
Line 45b Routing transit number:	(XXXXXXXXXX)
Line 45d Account number:	(XXXXXXXXXXXXXXXXXXXX)
Line 46 Applied to 2005 estimated taxes:	(125)
Third party designee:	(YES)
Designee's Name:	(JOHN DOE)
Phone number:	(888-555-1111)
PIN:	(11122)
Taxpayer's occupation:	(RETIRED)

TEST #6 (continued):

Form 1099-R #1:

Payers name address and zip code:	(OUR SHARE BANK & TRUST) (72 MARKET PLACE) (PIG TOWN MD 21230-7272)
Payers identification number:	(52-7754541)
Recipients social security number:	(400-00-1006)
Recipients name(first, mi, last):	(TEST P BARRELL)
Recipients street address:	(25000 HAM AND BACON JUNCTION)
Recipients city, state, and zip code:	(PIG TOWN MD 21230)
Box 1 Gross distribution:	(2500)
Box 2a Taxable amount:	(2500)
Box 7 Distribution code:	(7)
Box 7 IRA /SEP Simple:	(X)
Box 11 State:	(MD)

Form 1099-R #2:

Payers name address and zip code:	(WECAN DUETTE LOBBYISTS) (1000 BUCKS ST) (PIG TOWN MD 21230)
Payers identification number:	(52-9081726)
Recipients social security number:	(400-00-1006)
Recipients name (First, mi, Last):	(TEST P BARRELL)
Recipients street address:	(25000 HAM AND BACON JUNCTION)
Recipients city, state, and zip code:	(PIG TOWN MD 21230)
Box 1 Gross distribution:	(4500)
Box 2a Taxable amount:	(4500)
Box 4 Federal income tax withheld:	(200)
Box 7 Distribution code:	(7)
Box 11 State:	(MD)

TEST #7

FORMS INCLUDED: FORM 1040A, FORM W-2 (1)

FORM 1040A:

First Name, MI & Last Name:	(TEST T BEHAVIOR)
Social Security Number:	(400-00-1007)
Home Address:	(1215 LONG ST)
City, State, and Zip:	(MORGAN GA 31766)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(HEAD OF HOUSEHOLD)
Qualifying person's name:	(DARRELL BEHAVIOR)
Qualifying person's SSN:	(400-55-3007)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 7 Total wages:	(12000)
Line 9a Ordinary dividends:	(200)
Line 9b Qualified dividends:	(100)
Line 10 Capital gain distributions:	(2500)
Line 13 Unemployment compensation	(200)
Line 15 Total income:	(14900)
Line 16 Educator expenses:	(250)
Line 17 IRA deduction:	(2000)
Line 19 Tuition and fees deduction:	(1250)
Line 20 Total adjustments:	(3500)
Line 21 Adjusted gross income:	(11400)
Line 22 Amount from line 21:	(11400)
Line 24 Standard deduction:	(7150)
Line 25 Subtract line 24 from line 22:	(4250)
Line 26 Multiply \$3100 by the total Number of exemptions on line 6d:	(3100)
Line 27 Taxable income:	(1150)
Line 28 Tax:	(58)
Line 32 Retirement savings contribution:	(58)
Line 35 Total credits:	(58)
Line 36 Subtract line 35 from line 28:	(0)
Line 38 Total tax:	(0)
Line 39 Federal income tax withheld:	(750)
Line 43 Add lines 39 through 42:	(750)
Line 44 Amount overpaid:	(750)
Line 45a Amount refunded to you:	(750)
Line 45b Routing transit number:	(012456778)
Line 45c Type of account:	(CHECKING)
Line 45d Account number:	(111-222-5555)
Third party designee:	(NO)
Taxpayer's occupation:	(COUNSELOR)

TEST #7 (continued):

Form W-2 #1:

b. Employers identification number:	(58-2243633)
c. Employers name address and zip code:	(MORGAN ELEMENTARY)
	(1 MAIN ST)
	(MORGAN GA 31766)
d. Employees social security number:	(400-00-1007)
e. Employees name (first, mi, last):	(TEST T BEHAVIOR)
f. Employees address and zip code:	(1215 LONG ST)
	(MORGAN GA 31766)
Box 1 Wages, tips, etc.:	(12000)
Box 2 Federal income tax withheld:	(750)
Box 3 Social security wages:	(12000)
Box 4 Social security tax withheld:	(744)
Box 5 Medicare wages and tips:	(12000)
Box 6 Medicare tax withheld:	(174)
Box 15 State and state ID number:	(GA 5832524)
Box 16 State wages:	(12000)
Box 17 State income tax withheld:	(375)

TEST #8

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, MI & Last Name: (TEST M LUCKY)
(DECEASED - 10-15-2004)
Social Security Number: (400-00-1008)
Home Address: (13 WINNERS CIR)
City, State, and Zip: (HORSE SHOE NC 28742)
Do you want \$3.00 to go to the
Presidential Campaign Fund: (YES)
Filing Status: (SINGLE)
Dependent #1 Name: (GOTTABE LUCKY)
 Social Security Number: (400-55-3008)
 Relationship: (SON)
 Qualifying child for child tax credit: (X)
Number of boxes checked on 6a and 6b: (1)
No. of children who did not live with you: (1)
Total number in box 6d: (2)
Line 7 Total wages: (21000)
Line 8a Taxable interest: (290)
Line 9a Dividend income: (223)
Line 19 Unemployment compensation: (3560)
Line 22 Total income: (25073)
Line 25 IRA Deduction (1000)
Line 35 Total adjustments: (1000)
Line 36 Adjusted gross income: (24073)
Line 37 Amount from line 36: (24073)
Line 39 Itemized or standard deduction: (4850)
Line 40 Subtract line 39 from line 37: (19223)
Line 41 Multiply \$3100 by the total
 number of exemptions on line 6d: (6200)
Line 42 Taxable income: (13023)
Line 43 Tax: (1596)
Line 45 Add lines 43 and 44: (1596)
Line 50 Retirement savings contribution: (100)
Line 51 Child tax credit: (1000)
Line 55 Total credits: (1100)
Line 56 Subtract line 55 from line 45: (496)
Line 62 Total tax: (496)
Line 63 Federal income tax withheld: (800)
Line 69 Other payments: (103)
Line 69b Form 4136: (X)
Line 70 Total payments: (903)
Line 71 Amount overpaid: (407)
Line 72a Amount refunded to you: (407)
Line 72b Routing transit number: (XXXXXXXXXX)
Line 72d Account number: (XXXXXXXXXXXXXXXXXXXX)

TEST # 8 (continued):

Third party designee	(YES)
Designee's Name:	(IMA LUCKYONE II)
Phone number:	(888-555-1212)
PIN:	(12345)
Taxpayer's occupation:	(GROUNDSKEEPER)

Form 8332 filed with this return

Form W-2 #1:

b. Employers identification number:	(56-1234567)
c. Employers name address and zip code:	(THOROUGHbred FARMS) (1 LICKSKILLET LANE) (HORSE SHOE NC 28742)
d. Employees social security number:	(400-00-1008)
e. Employees name (first, mi, last):	(TEST M LUCKY)
f. Employees address and zip code:	(13 WINNERS CIR) (HORSE SHOE NC 28742)
Box 1 Wages, tips, etc.:	(21000)
Box 2 Federal income Tax Withheld:	(800)
Box 3 Social security wages:	(21000)
Box 4 Social security tax withheld:	(1302)
Box 5 Medicare wages and tips:	(21000)
Box 6 Medicare tax withheld:	(305)
Box 15 State and state ID number:	(NC 568866)
Box 16 State wages:	(21000)
Box 17 State income tax withheld:	(980)

TEST #9

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, MI & Last Name:	(TEST C ACAPPELLA)
Social Security Number:	(400-00-1009)
Spouse's Social Security Number:	(400-00-2009)
Home Address:	(4 QUARTET CTR)
City, State, and Zip:	(SOLO MO 65564)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(MARRIED FILING SEPARATELY)
Spouse's First Name and Last Name:	(DUET ACAPPELLA)
Dependent #1 Name:	(FORTISSIMO ARIA)
Social Security Number:	(400-55-3009)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Number of boxes checked on 6a and 6b:	(1)
No. of children who did not live with you:	(1)
Total number in box 6d:	(2)
Line 7 Total wages:	(26250)
Line 22 Total income:	(26250)
Line 23 Educator expenses:	(250)
Line 35 Total adjustments:	(250)
Line 36 Adjusted gross income:	(26000)
Line 37 Amount from line 36:	(26000)
Line 38b If you are married filing separate and your spouse itemizes:	(X)
Line 39 Itemized or standard deduction:	(2100)
Line 40 Subtract line 39 from line 37:	(23900)
Line 41 Multiply \$3100 by the total Number of exemptions on line:	(6200)
Line 42 Taxable income:	(17700)
Line 43 Tax:	(2301)
Line 45 Add lines 43 and 44:	(2301)
Line 51 Child tax credit:	(1000)
Line 55 Total credits:	(1000)
Line 56 Subtract line 55 from line 45:	(1301)
Line 62 Total tax:	(1301)
Line 63 Federal income tax withheld:	(1200)
Line 70 Total payments:	(1200)
Line 74 Amount you owe:	(101)
Third party designee:	(NO)
Daytime phone number:	(314-555-1008)
Taxpayer's occupation:	(TEACHER)

This return was prepared by the taxpayer

TEST #9 (continued):

Form W-2 #1:

b. Employer identification number:	(43-7685943)
c. Employer name address and zip code:	(SOLO CITY ORCHESTRA)
	(SOLO CENTER SUITE 420)
	(SOLO MO 65564)
d. Employees social security number:	(400-00-1009)
e. Employees first name and initial:	(TEST C ACAPPELLA)
f. Employees address and zip code:	(4 QUARTET CTR)
	(SOLO MO 65564)

Box 1	Wages, tips, other compensation:	(26250)
Box 2	Federal income tax withheld:	(1200)
Box 3	Social security wages:	(26250)
Box 4	Social security tax withheld:	(1628)
Box 5	Medicare wages and tips:	(26250)
Box 6	Medicare tax withheld:	(381)
Box 15	State and employer state ID no:	(MO 43918273)
Box 16	State wages, tips, etc:	(26250)
Box 17	State income tax:	(800)

TEST #10

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, MI & Last Name:	(TEST U PHROZINTOWES)
Social Security Number:	(400-00-1010)
Home Address:	(1832 NORTH POLE LN)
City, State, and Zip:	(COLDFOOT AK 99701)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(HEAD OF HOUSEHOLD)
Dependent #1 Name:	(JESSICA LEE)
Social Security Number:	(400-55-3010)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #2 Name:	(TAMMY TY)
Social Security Number:	(400-55-4010)
Relationship:	(FOSTERCHILD)
Qualifying child for child tax credit:	(X)
Dependent #3 Name:	(SAMMY PHROZINTOWES)
Social Security Number:	(400-55-5010)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Number of boxes checked on 6a and 6b:	(1)
Number of children who lived with you:	(3)
Total number in box 6d:	(4)
Line 7 Total wages:	(10650)
Line 15 Total income:	(10650)
Line 19 Tuition and fees deduction:	(250)
Line 20 Total adjustments:	(250)
Line 21 Adjusted gross income:	(10400)
Line 22 Amount from line 21:	(10400)
Line 24 Standard deduction:	(7150)
Line 25 Subtract line 24 from line 22:	(3250)
Line 26 Multiply \$3100 by the total Number of exemptions on line 6d:	(12400)
Line 27 Taxable income:	(0)
Line 28 Tax:	(0)
Line 36 Subtract line 35 from line 28:	(0)
Line 37 Advance earned income credit:	(412)
Line 38 Total tax:	(412)
Line 39 Federal income tax withheld:	(1065)
Line 41a Earned income credit:	(4300)
Line 41b Nontaxable combat pay election:	(2000)
Line 42 Additional child tax credit:	(285)
Line 43 Total payments:	(5650)
Line 44 Amount overpaid:	(5238)
Line 45a Amount refunded to you:	(5238)
Line 45b Routing transit number:	(XXXXXXXXXX)
Line 45d Account number:	(XXXXXXXXXXXXXXXXXXXX)
Third party designee:	(YES)
Designee's name:	(JANE SMITH)
Phone number:	(123-456-7890)
PIN:	(34567)
Taxpayer's occupation:	(CLERICAL)

TEST #10 (continued):

Form W-2 #1:

b. Employer identification number:	(38-9391949)
c. Employer name address and zip code:	(PHRIEZ, EYCICKLE, AND GLACIER) (21 APPEAL ST) (KANATA ONTARIO K2K1X-3 .)
d. Employees social security number:	(400-00-1010)
e. Employees name (first, mi, last):	(TEST U PHROZINTOWES)
f. Employees address and zip code:	(1832 NORTH POLE LN) (COLDFOOT AK 99701)
Box 1 Wages, tips, etc.:	(10650)
Box 2 Federal income tax withheld:	(1065)
Box 3 Social security wages:	(10650)
Box 4 Social security tax withheld:	(660)
Box 5 Medicare wages and tips:	(10650)
Box 6 Medicare tax withheld:	(154)
Box 9 Advance EIC payment:	(412)
Box 12a See instructions:	(D 1500)
Box 13 Retirement Plan:	(X)
Box 15 State and state ID number:	(MI 382461)
Box 16 State wages:	(10650)
Box 17 State income tax withheld:	(480)

Form W-2 #2:

b. Employer identification number:	(01-1234567)
c. Employer name address and zip code:	(US MILITARY) (101 SW WASHINGTON ST) (WASHINGTON, DC 20044)
d. Employees social security number:	(400-00-1010)
e. Employees name (first, mi, last):	(TEST U PHROZINTOWES)
f. Employees address and zip code:	(1832 NORTH POLE LN) (COLDFOOT AK 99701)
Box 1 Wages, tips, etc.:	(0)
Box 2 Federal income tax withheld:	(0)
Box 3 Social security wages:	(2000)
Box 4 Social security tax withheld:	(124)
Box 5 Medicare wages and tips:	(2000)
Box 6 Medicare tax withheld:	(29)
Box 14 Other:	(Q 2000)
Box 15 State and state ID number:	(AK 234567)
Box 16 State wages:	(0)

TEST #11

FORMS INCLUDED: FORM 1040, W-2GU (1), FORM W-2 (14)

FORM 1040:

First Name, MI & Last Name:	(TEST T HUNTER)
Social Security Number:	(400-00-1011)
Home Address:	(1234 LUKE THOMAS BLVD)
City, State, and Zip:	(QUINTON AL 35130)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(SINGLE)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 7 Total wages:	(15950)
Line 22 Total income:	(15950)
Line 24 Certain business expenses:	(625)
Line 35 Total adjustments:	(625)
Line 36 Adjusted gross income:	(15325)
Line 37 Amount from line 36:	(15325)
Line 39 Itemized or standard deduction:	(4850)
Line 40 Subtract line 39 from line 37:	(10475)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(3100)
Line 42 Taxable income:	(7375)
Line 43 Tax:	(749)
Line 45 Add lines 43 and 44:	(749)
Line 56 Subtract line 55 from line 45:	(749)
Line 58 SS on inc not reported Form 4137:	(38)
Line 62 Total tax:	(787)
Line 63 Federal income tax withheld:	(422)
Line 65a Earned income credit:	(2295)
Line 70 Total payments:	(2717)
Line 71 Amount overpaid:	(1930)
Line 72a Amount refunded to you:	(1930)
Line 72b Routing transit number:	(053111674)
Line 72c Type of account:	(CHECKING)
Line 72d Account number:	(123-444-5678)

Third party designee	(NO)
Taxpayer's occupation:	(MUSICIAN)
Taxpayer's daytime phone number:	(205-555-1020)

TEST #11 (continued):

Form W-2GU #1:

b. Employer identification number:	(63-1234561)
c. Employer name address and zip code:	(SOUTH SEA CONCERTS CONCERT 1) (500 PALM STREET) (HAGATNA, GU 96910)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(1690)
Box 2 Federal income tax withheld:	(192)
Box 3 Social security wages:	(1690)
Box 4 Social security tax withheld:	(105)
Box 5 Medicare wages and tips:	(1690)
Box 6 Medicare tax withheld:	(25)

Form W-2 #1

b. Employer identification number:	(63-1234562)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 2) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(775)
Box 2 Federal income tax withheld:	(50)
Box 3 Social security wages:	(775)
Box 4 Social security tax withheld:	(48)
Box 5 Medicare wages and tips:	(775)
Box 6 Medicare tax withheld:	(11)
Box 8 Allocated tips:	(500)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(775)
Box 17 State income tax withheld:	(244)

TEST #11 (continued):

Form W-2 #2:

b. Employer identification number:	(63-1234563)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 3) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(1440)
Box 3 Social security wages:	(1440)
Box 4 Social security tax withheld:	(89)
Box 5 Medicare wages and tips:	(1440)
Box 6 Medicare tax withheld:	(21)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(1440)
Box 17 State income tax withheld:	(74)

Form W-2 #3:

b. Employer identification number:	(63-1234564)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 4) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(1970)
Box 2 Federal income tax withheld:	(20)
Box 3 Social security wages:	(1970)
Box 4 Social security tax withheld:	(122)
Box 5 Medicare wages and tips:	(1970)
Box 6 Medicare tax withheld:	(29)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(1970)
Box 17 State income tax withheld:	(173)

TEST #11 (continued):

Form W-2 #4:

b. Employer identification number:	(63-1234565)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 5) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(1585)
Box 2 Federal income tax withheld:	(40)
Box 3 Social security wages:	(1585)
Box 4 Social security tax withheld:	(98)
Box 5 Medicare wages and tips:	(1585)
Box 6 Medicare tax withheld:	(23)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(1585)
Box 17 State income tax withheld:	(111)

Form W-2 #5:

b. Employer identification number:	(63-1234566)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 6) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(1700)
Box 2 Federal income tax withheld:	(30)
Box 3 Social security wages:	(1700)
Box 4 Social security tax withheld:	(105)
Box 5 Medicare wages and tips:	(1700)
Box 6 Medicare tax withheld:	(25)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(1700)
Box 17 State income tax withheld:	(119)

TEST #11 (continued):

Form W-2 #6:

b. Employer identification number:	(63-1234567)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 7) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(1400)
Box 2 Federal income tax withheld:	(20)
Box 3 Social security wages:	(1400)
Box 4 Social security tax withheld:	(87)
Box 5 Medicare wages and tips:	(1400)
Box 6 Medicare tax withheld:	(20)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(1400)
Box 17 State income tax withheld:	(98)

Form W-2 #7:

b. Employer identification number:	(63-1234568)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 8) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(300)
Box 3 Social security wages:	(300)
Box 4 Social security tax withheld:	(19)
Box 5 Medicare wages and tips:	(300)
Box 6 Medicare tax withheld:	(4)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(300)
Box 17 State income tax withheld:	(21)

TEST #11 (continued):

Form W-2 #8:

b. Employer identification number:	(63-1234569)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 9) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(450)
Box 3 Social security wages:	(450)
Box 4 Social security tax withheld:	(28)
Box 5 Medicare wages and tips:	(450)
Box 6 Medicare tax withheld:	(7)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(450)
Box 17 State income tax withheld:	(31)

Form W-2 #9:

b. Employer identification number:	(63-1234560)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 10) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(475)
Box 3 Social security wages:	(475)
Box 4 Social security tax withheld:	(29)
Box 5 Medicare wages and tips:	(475)
Box 6 Medicare tax withheld:	(7)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(475)
Box 17 State income tax withheld:	(33)

TEST #11 (continued):

Form W-2 #10:

b. Employer identification number:	(63-1234511)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 11) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(530)
Box 2 Federal income tax withheld:	(10)
Box 3 Social security wages:	(530)
Box 4 Social security tax withheld:	(33)
Box 5 Medicare wages and tips:	(530)
Box 6 Medicare tax withheld:	(8)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(530)
Box 17 State income tax withheld:	(37)

Form W-2 #11:

b. Employer identification number:	(63-1234512)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 12) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(1100)
Box 2 Federal income tax withheld:	(20)
Box 3 Social security wages:	(1100)
Box 4 Social security tax withheld:	(68)
Box 5 Medicare wages and tips:	(1100)
Box 6 Medicare tax withheld:	(16)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(1100)
Box 17 State income tax withheld:	(77)

TEST #11 (continued):

Form W-2 #12:

b. Employer identification number:	(63-1234513)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 13) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(275)
Box 3 Social security wages:	(275)
Box 4 Social security tax withheld:	(17)
Box 5 Medicare wages and tips:	(275)
Box 6 Medicare tax withheld:	(4)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(275)
Box 17 State income tax withheld:	(19)

Form W-2 #13:

b. Employer identification number:	(63-1234514)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 14) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(980)
Box 2 Federal income tax withheld:	(20)
Box 3 Social security wages:	(980)
Box 4 Social security tax withheld:	(61)
Box 5 Medicare wages and tips:	(980)
Box 6 Medicare tax withheld:	(14)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(980)
Box 17 State income tax withheld:	(69)

TEST #11 (continued):

Form W-2 #14:

b. Employer identification number:	(63-1234515)
c. Employer name address and zip code:	(MUSIC ROW CONCERTS CONCERT 15) (123 JAMES STREET) (QUINTON AL 35130)
d. Employees social security number:	(400-00-1011)
e. Employees name (first, mi, last):	(TEST T HUNTER)
f. Employees address and zip code:	(1234 LUKE THOMAS BLVD) (QUINTON AL 35130)
Box 1 Wages, tips, etc.:	(780)
Box 2 Federal income tax withheld:	(20)
Box 3 Social security wages:	(780)
Box 4 Social security tax withheld:	(48)
Box 5 Medicare wages and tips:	(780)
Box 6 Medicare tax withheld:	(11)
Box 15 State and state ID number:	(AL 63123)
Box 16 State wages:	(780)
Box 17 State income tax withheld:	(55)

TEST #12

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

FORM 1040:

First Name, MI & Last Name: (TEST Z CANASTA)
Social Security Number: (400-00-1012)
Home Address: (% ROYAL FLUSH)
(12 QUEEN OF HEARTS BLVD)
(BLACKJACK MS 39759)

City, State, and Zip:

Do you want \$3.00 to go to the

Presidential Campaign Fund: (NO)

Filing Status: (HEAD OF HOUSEHOLD)

Dependent #1 Name: (SAMUEL CANASTA)

Social Security Number: (400-55-3012)

Relationship: (SON)

Qualifying child for child tax credit: (X)

Dependent #2 Name: (MARY CANASTA)

Social Security Number: (400-55-4012)

Relationship: (DAUGHTER)

Qualifying child for child tax credit: (X)

Number of boxes checked on 6a and 6b: (1)

Number of children who lived with you: (2)

Total number in box 6d: (3)

Line 7 Total wages: (10000)

Line 19 Unemployment compensation: (6000)

Line 22 Total income: (16000)

Line 34a Alimony paid: (3200)

Line 34b Recipient's SSN LITERAL: (STATEMENT #1)
(400-55-5012 1200)
(400-55-6012 2000)

Line 35 Total adjustments: (3200)

Line 36 Adjusted gross income: (12800)

Line 37 Amount from line 36: (12800)

Line 39 Itemized or standard deduction: (7150)

Line 40 Subtract line 39 from line 37: (5650)

Line 41 Multiply \$3100 by the total
number of exemptions on line 6d: (9300)

Line 42 Taxable income: (0)

Line 43 Tax: (0)

Line 56 Subtract Line 55 from line 45: (0)

Line 60 Advance earned income credit: (500)

Line 62 Total tax: (1715) LITERAL: (ADT 1215)

Line 63 Federal income tax withheld: (1000)

Line 65a Earned income credit: (4198)

Line 65b Nontaxable combat pay election: (4525)

Line 67 Additional child tax credit (566)

Line 70 Total payments: (5764)

Line 71 Amount overpaid: (4049)

Line 72a Amount refunded to you: (3549)

Line 72b Routing transit number: (012344589)

Line 72c Type of account: (CHECKING)

Line 72d Account number: (LOANXXXX400001012)

Line 73 Applied to 2005 estimated Tax: (500)

TEST #12 (continued):

Third party designee:	(YES)
Designee's name:	(John Doe)
Phone number:	(888-555-1111)
PIN:	(11122)
Taxpayer's occupation:	(DEALER)
Daytime phone number:	(888-555-2222)

Form W-2 #1:

b. Employer identification number:	(64-1234567)
c. Employer name address and zip code:	(UCAN WINABUNDLE RIVERBOAT) (21 JOKERS FERRY) (BLACKJACK MS 39759)
d. Employees social security number:	(400-00-1012)
e. Employees name (First, mi, Last):	(TEST Z CANASTA)
f. Employees address and zip code:	(12 QUEEN OF HEARTS BLVD) (BLACKJACK MS 39759)
Box 1 Wages, tips, etc.:	(10000)
Box 2 Federal income tax withheld:	(1000)
Box 3 Social security wages:	(10000)
Box 4 Social security tax withheld:	(620)
Box 5 Medicare wages and tips:	(10000)
Box 6 Medicare tax withheld:	(145)
Box 9 Advanced EIC payment:	(500)

Form W-2 #2:

b. Employer identification number:	(01-1234567)
c. Employer name address and zip code:	(US MILITARY) (101 SW WASHINGTON ST) (WASHINGTON, DC 20044)
d. Employees social security number:	(400-00-1012)
e. Employees name (first, mi, last):	(TEST Z CANASTA)
f. Employees address and zip code:	(12 QUEEN OF HEARTS BLVD) (BLACKJACK, MS 39759)
Box 1 Wages, tips, etc.:	(0)
Box 2 Federal income tax withheld:	(0)
Box 3 Social security wages:	(4525)
Box 4 Social security tax withheld:	(281)
Box 5 Medicare wages and tips:	(4525)
Box 6 Medicare tax withheld:	(66)
Box 14 Other:	(Q 4525)
Box 15 State and state ID number:	(MS 345678)
Box 16 State wages:	(0)

TEST #13

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, MI & Last Name:	(TEST U GRASS)
Social Security Number:	(400-00-1013)
Spouse's First Name, MI, & Last Name:	(MAY B GRASS)
Spouse's Social Security Number:	(400-00-2013)
Home Address:	(74131 FESCUE DR)
City, State, and Zip:	(SAINT THOMAS VI 00802)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
If joint return, does your spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Dependent #1 Name:	(TIMOTHY GRASS)
Social Security Number:	(400-55-3013)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #2 Name:	(MARY GRASS)
Social Security Number:	(400-55-4013)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #3 Name:	(DAVID GRASS)
Social Security Number:	(400-55-5013)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #4 Name:	(SUSAN GRASS)
Social Security Number:	(400-55-6013)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #5 Name:	(PHILIP GRASS)
Social Security Number:	(400-55-7013)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #6 Name:	(ANGELA GRASS)
Social Security Number:	(400-55-8013)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Number of boxes on 6a and 6b:	(2)
Number of children who lived with you:	(6)
Total number in box 6d:	(8)
Line 7 Total wages:	(42000)
Line 13 Unemployment compensation:	(1650)
Line 15 Total income:	(43650)
Line 17 IRA deduction:	(1200)
Line 20 Total adjustments:	(1200)
Line 21 Adjusted gross income:	(42450)

TEST #13 (continued):

Line 22	Amount from line 21:	(42450)
Line 23a	Taxpayer is blind:	(X)
Line 23a	Number of boxes checked:	(1)
Line 24	Standard deduction:	(10650)
Line 25	Subtract line 24 from line 22:	(31800)
Line 26	Multiply \$3100 by the total number of exemptions on line 6d:	(24800)
Line 27	Taxable income:	(7000)
Line 28	Tax:	(703)
Line 29	Credit for child care expenses:	(470)
Line 31	Education credit:	(233)
Line 35	Total credits:	(703)
Line 36	Subtract line 35 from line 28:	(0)
Line 38	Total tax:	(0)
Line 39	Federal income tax withheld:	(1450)
Line 42	Additional child tax credit:	(4688)
Line 43	Total payments:	(6138)
Line 44	Amount overpaid:	(6138)
Line 45a	Amount to be refunded:	(6138)
Line 45b	Routing transit number:	(253174576)
Line 45c	Type of account:	(SAVINGS)
Line 45d	Account number:	(06542153)
	Third party designee:	(YES)
	Designee's name:	(JOHN DOE)
	Phone number:	(888-555-1111)
	PIN:	(11112)
	Taxpayer's occupation:	(CONSULTANT)
	Spouse's occupation:	(SALESPERSON)

TEST #13 (continued):

Form W-2 #1:

b. Employer identification number:	(02-9876543)
c. Employer name address and zip code:	(LAST JOB INC) (97 WHEATLEY AVE) (SAINT THOMAS VI 00802)
d. Employees social security number:	(400-00-1013)
e. Employees name (first, mi, last):	(TEST U GRASS)
f. Employees address and zip code:	(74131 FESCUE DR) (SAINT THOMAS VI 00802)
Box 1 Wages, tips, etc.:	(24500)
Box 2 Federal income tax withheld:	(900)
Box 3 Social security wages:	(24500)
Box 4 Social security tax withheld:	(1519)
Box 5 Medicare wages and tips:	(24500)
Box 6 Medicare tax withheld:	(355)
Box 10 Dependent care benefits:	(1000)
Box 15 State and state ID number:	(VI 02888)
Box 16 State wages:	(24500)
Box 17 State income tax withheld:	(1715)

Form W-2 #2:

b. Employer identification number:	(02-5689124)
c. Employer name address and zip code:	(SNODGRASS FEED AND SEED) (1 PLANTATION ST) (SAINT THOMAS VI 00802)
d. Employees social security number:	(400-00-2013)
e. Employees name (first, mi, last):	(MAY B GRASS)
f. Employees address and zip code:	(74131 FESCUE DR) (SAINT THOMAS VI 00802)
Box 1 Wages, tips, etc.:	(17500)
Box 2 Federal income tax withheld:	(550)
Box 3 Social security wages:	(17500)
Box 4 Social security tax withheld:	(1085)
Box 5 Medicare wages and tips:	(17500)
Box 6 Medicare tax withheld:	(254)
Box 15 State and state ID number:	(VI 023456)
Box 16 State wages:	(17500)
Box 18 Local wages, tips, etc:	(2000)
Box 19 Local income tax:	(10)
Box 20 Locality name:	(BC)

TEST #14

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI, & Last Name: (TEST D RICHARD)
Social Security Number: (400-00-1014)
Home Address: (94022 PATRICIA CT)
City, State, and Zip Code: (HAPPY JACK AZ 86024)
Do you want \$3.00 to go to the
Presidential Campaign Fund: (NO)
Filing Status: (SINGLE)
Number of boxes checked on 6a and 6b: (0)
Total number in box 6d: (0)
Line 8a Taxable interest: (1514)
Line 9a Ordinary dividend income: (582)
Line 13 Capital gain or (loss): (-800)
Line 17 Schedule E income or (loss): (5200)
Line 22 Total income: (6496)
Line 36 Adjusted gross income: (6496)
Line 37 Amount from line 36: (6496)
Line 39 Itemized or standard deduction: (800)
Line 40 Subtract line 39 from line 37: (5696)
Line 41 Multiply \$3100 by the total
number of exemptions on line 6d: (0)
Line 42 Taxable income: (5696)
Line 43 Tax: (813)
Line 45 Add lines 43 and 44: (813)
Line 56 Subtract line 55 from line 45: (813)
Line 62 Total tax: (813)
Line 64 2004 estimated tax payments: (600)
Line 68 Amount paid with Form 4868: (109)
Line 70 Total payments: (709)
Line 74 Amount you owe: (104)

Third party designee: (YES)
Designee's name: (PREPARER)
Taxpayer's occupation: (STUDENT)

Paid Preparer Information:

Self-employed: (X)
Preparer's SSN: (400-55-4014)
Firm Name: (ROBERTS ENTERPRISES)
EIN: (88-6868686)
Firm Address: (645 SALEM ST)
(NIXON NV 89424)
Phone no: (775-555-1313)

TEST #15

FORMS INCLUDED: FORM 1040A, FORM W-2 (1)

FORM 1040A:

First Name, MI & Last Name: (TEST J CAESAR)
Social Security Number: (400-00-1015)
Spouse's First Name, MI & Last Name: (CLEO P CAESAR)
Spouse's Social Security Number: (400-00-2015)
Home Address: (15 IDES OF MARCH PKWY)
City State and Zip: (ROME MS 38768)
Do you want \$3.00 to go to the
Presidential Campaign Fund: (YES)
If joint return, does Taxpayer's spouse
want \$3.00 to go to this fund: (YES)
Filing Status: (MARRIED FILING JOINTLY)
Dependent #1 Name: (SALLY CAESAR)
 Social Security Number: (400-55-3015)
 Relationship: (DAUGHTER)
 Qualifying child for child tax credit: (X)
Dependent #2 Name: (JULIUS BRUTUS)
 Social Security Number: (900-93-4015)
 Relationship: (SON)
 Qualifying child for child tax credit: (X)
Number of boxes checked on 6a and 6b: (2)
Number of children who lived with you: (2)
Total number in box 6d: (4)
Line 7 Total wages: (62000)
Line 8a Taxable interest: (390)
Line 14a Social security benefits: (5200)
Line 14b Taxable social security benefits: (4420)
Line 15 Total income: (66810)
Line 18 Student loan interest deduction: (135)
Line 20 Total adjustments: (135)
Line 21 Adjusted gross income: (66675)
Line 22 Amount from line 21: (66675)
Line 24 Standard deduction: (9700)
Line 25 Subtract line 24 from line 22: (56975)
Line 26 Multiply \$3100 by the total
 number of exemptions on line 6d: (12400)
Line 27 Taxable income: (44575)
Line 28 Tax: (5971)
Line 31 Education credits: (300)
Line 34 Adoption credit: (5671)
Line 35 Total credits: (5971)
Line 36 Subtract line 35 from line 28: (0)
Line 38 Total tax: (0)
Line 39 Federal income tax withheld: (2500)
Line 42 Additional child tax credit: (2000)
Line 43 Total payments: (4500)
Line 44 Amount overpaid: (4500)
Line 45a Refund: (4500)
Line 45b Routing transit number: (XXXXXXXXXX)
Line 45d Account number: (XXXXXXXXXXXXXXXXXXXX)
 Third party designee (NO)
 Taxpayer's occupation: (ACTOR)
 Spouse's occupation: (UNEMPLOYED)
 Taxpayer's daytime phone number: (601-555-5430)

TEST #15 (continued):

Form W-2 #1:

b. Employer identification number:	(64-2131415)
c. Employer name address and zip code:	(THE GREEK PLAYHOUSE) (98 PARTHANON PLACE) (ROME MS 38768)
d. Employees social security number:	(400-00-1015)
e. Employees name (first, mi, last):	(TEST J CAESAR)
f. Employees address and zip code:	(15 IDES OF MARCH PKWY) (ROME MS 38768)
Box 1 Wages, tips, etc.:	(62000)
Box 2 Federal income tax withheld:	(2500)
Box 3 Social security wages:	(63000)
Box 4 Social security tax withheld:	(3906)
Box 5 Medicare wages and tips:	(63000)
Box 6 Medicare tax withheld:	(914)
Box 12a See instructions:	(T 1000)
Box 15 State and state ID number:	(MS 641213)
Box 16 State wages:	(62000)
Box 17 State income tax withheld:	(4340)

TEST #16

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

FORM 1040:

First Name, MI & Last Name:	(TEST T ISLANDER)
Social Security Number:	(400-00-1016)
Home Address:	(123 PLAY HERE ST)
City, State, and Zip:	(WASHINGTON DC 20011)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(HEAD OF HOUSEHOLD)
Qualifying person's name:	(MICHAEL ISLANDER)
Qualifying person's SSN:	(400-55-3016)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 12 Schedule C income or (loss):	(15075)
Line 16b Taxable pensions & annuities:	(3000)
Line 17 Schedule E income:	(24400)
Line 21 Other income - LITERAL:	(BLACKJACK 5000)
Line 21 Total other income:	(5000)
Line 22 Total income:	(47475)
Line 36 Adjusted gross income:	(47475)
Line 37 Amount from line 36:	(47475)
Line 39 Itemized or standard deduction:	(7150)
Line 40 Subtract line 39 from line 37:	(40325)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(3100)
Line 42 Taxable income:	(37225)
Line 43 Tax:	(5074)
Line 45 Add line 43 and 44:	(5074)
Line 53 Credits:	(3195)
Line 53b Form 8859:	(X)
Line 54 Other credits:	(267)
Line 54c Specify:	(X)
Line 54c Specify:	(8860)
Line 55 Add lines 46 through 54:	(3462)
Line 56 Subtract line 55 from line 45:	(1612)
Line 59 Tax on qualified retirement plan:	(150)
Line 62 Add lines 56 through 61:	(1762)
Line 63 Federal income tax withheld:	(3500)
Line 70 Add lines 63 through 69:	(3500)
Line 71 Amount overpaid:	(1738)
Line 72a Amount refunded to you:	(1738)
Line 72b Routing transit number:	(024567891)
Line 72c Type of account:	(SAVINGS)
Line 72d Account number:	(ABC-123-4567890)

Third party designee:	(NO)
Taxpayer's occupation:	(INSURANCE BROKER)

TEST #16 (continued):

Form W-2 #1:

b. Employer identification number:	(58-2346821)
c. Employer name address and zip code:	(OUT OF STATE INSURANCE SERVICES) (7000 SIX FLAGS DR) (ATLANTA GA 30301)
d. Employees social security number:	(400-00-1016)
e. Employees name (first, mi, last):	(TEST T ISLANDER)
f. Employees address and zip code:	(123 PLAY HERE ST) (WASHINGTON DC 20011)
Box 1 Wages, tips, etc.:	(28900)
Box 2 Federal income tax withheld:	(3000)
Box 3 Social security wages:	(28900)
Box 4 Social security tax withheld:	(1792)
Box 5 Medicare wages and tips:	(28900)
Box 6 Medicare tax withheld:	(419)
Box 13 Statutory employee:	(X)
Box 15 State and state ID number:	(DC 5879871)
Box 16 State wages:	(28900)
Box 17 State income tax withheld:	(2023)

Form W-2G #1:

Payers name, address and zip codes:	(GULF CRUISE LINES) (DOCK 106 HARBOR ROW) (DESTIN FL 32540)
Payers identification number:	(65-7294862)
Winners name address and zip code:	(TEST T ISLANDER) (123 PLAY HERE ST) (WASHINGTON DC 20011)
Box 1 Gross winnings:	(5000)
Box 2 Federal income tax withheld:	(500)
Box 3 Type of wager:	(BLACKJACK)
Box 4 Date won:	(02-14-2004)
Box 9 Winner's taxpayer ID No.:	(400-00-1016)
Box 13 State/Payer's state ID No.:	(DC 5822768)

Form 1099-R #1:

Payers name address and zip code:	(VACATION INSURANCE SERVICES) (93 BAY ST) (DESTIN FL 32540)
Payers identification number:	(65-9687321)
Recipients social security number:	(400-00-1016)
Recipients name (First, mi, Last):	(TEST T ISLANDER)
Recipients street address:	(123 PLAY HERE ST)
Recipients city state and zip code:	(WASHINGTON DC 20011)
Box 1 Gross distribution:	(3000)
Box 2a Taxable amount:	(3000)
Box 2b Total distribution:	(X)
Box 7 Distribution code:	(2)

TEST #17

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, MI & Last Name:	(TEST M EDGEWOOD)
Social Security Number:	(400-00-1017)
Spouse's First Name, MI, and Last Name:	(ROSEANNE G EDGEWOOD)
Spouse's Social Security Number:	(400-00-2017)
Home Address:	(86 OUTSIDE CIR)
City, State, and Zip:	(PERIMETERSCENTERSVILLE GA 30555-0086)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(YES)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 7 Total wages:	(62000)
Line 8a Taxable interest:	(15610)
Line 9a Dividend income:	(429)
Line 21 Other income:	(-61920)
Other income - LITERAL:	(MSA 80)
Other income - LITERAL:	(FORM 2555-EZ -62000)
Line 22 Total income:	(16119)
Line 28 Health savings account:	(1475)
Line 35 Total adjustments:	(4100)
Add 23 - 34a -LITERAL:	(MSA 2625)
Line 36 Adjusted gross income :	(12019)
Line 37 Amount from line 36:	(12019)
Line 39 Itemized or standard deduction:	(9700)
Line 40 Subtract line 39 from line 37:	(2319)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(6200)
Line 42 Taxable income:	(0)
Line 43 Tax:	(0)
Line 56 Subtract line 55 from line 45:	(0)
Line 59 Tax on IRAs Form 5329:	(54)
Line 62 Total tax:	(66)
LITERAL:	(MSA 12)
Line 64 2004 estimated tax payments:	(50)
Line 70 Total payments:	(50)
Line 74 Amount you owe:	(16)
Third party designee:	(NO)
Taxpayer's occupation:	(CHEMIST)
Spouse's occupation:	(HOMEMAKER)

TEST #17 (continued):

Form W-2 #1:

b. Employer identification number:	(13-4243335)
c. Employer name address and zip code:	(WEEDS AND SEEDS INC) (88 DANDELION DR) (PASTURELAND NY 14818)
d. Employees social security number:	(400-00-1017)
e. Employees name (first, mi, last):	(TEST M EDGEWOOD)
f. Employees address and zip code:	(86 OUTSIDE CIR) (PERIMETERSCENTERSVILLE GA 30555-0086)
Box 1 Wages, tips, etc.:	(62000)
Box 3 Social security wages:	(62000)
Box 4 Social security tax withheld:	(3844)
Box 5 Medicare wages and tips:	(62000)
Box 6 Medicare tax withheld:	(899)
Box 15 State and state ID number:	(GA 58325424)
Box 16 State wages:	(62000)
Box 17 State income tax withheld:	(1245)

TEST #18

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI & Last Name:	(TEST T THOMAS)
Social Security Number:	(400-00-1018)
Spouse's Social Security Number:	(400-00-2018)
Home Address:	(511 JONATHAN CAROL BLVD)
City, State, and Zip:	(JEWELL OH 43530)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(MARRIED FILING SEPARATELY)
Spouse's First Name and Last Name:	(CLARA THOMAS)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 12 Schedule C income or (loss):	(979)
Line 17 Schedule E income or (loss):	(20820)
Line 22 Total income:	(21799)
Line 30 One-half self-employment:	(378)
Line 35 Total adjustments:	(378)
Line 36 Adjusted gross income :	(21421)
Line 37 Amount from line 36:	(21421)
Line 38b MFS and spouse itemized:	(X)
Line 39 Itemized or standard deduction:	(2360)
Line 40 Subtract line 41 from line 40:	(19061)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(3100)
Line 42 Taxable income:	(15961)
Line 43 Tax:	(2039)
Line 45 Add line 43 and 44:	(2039)
Line 54 Other credits	(600)
Line 54c Specify	(X)
	(8884)
Line 55 Total credits	(600)
Line 56 Subtract line 55 from line 45:	(1439)
Line 57 Self-employment tax:	(755)
Line 62 Total tax:	(2194)
Line 64 2004 estimated tax payments:	(1400)
Line 68 Form 4868 amount paid:	(300)
Line 70 Total payments:	(1700)
Line 74 Amount you owe:	(494)
Third party designee:	(YES)
Designee's name:	(JOHN DOE)
Phone number:	(888-555-1111)
PIN:	(11122)
Taxpayer's occupation:	(ENTREPRENEUR)

TEST #19

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM 1099-R (3), FORM 2439 (1)

FORM 1040:

First Name, MI & Last Name:	(TEST A HOAGIE)
Social Security Number:	(400-00-1019)
Spouse's First Name, MI, and Last Name:	(TUNA S HOAGIE)
Spouse's Social Security Number:	(400-00-2019)
Home Address:	(123 FRONT ST)
City, State, and Zip:	(PUNTA GORDA BELIZE .)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
If joint return, does Taxpayer's spouse want \$3.00 to go to this fund:	(YES)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 7 Total wages:	(5000)
Line 12 Schedule C gain or (loss):	(15000)
Line 13 Schedule D gain or (loss):	(2852)
Line 15a Total IRA distributions:	(11500)
Line 15b Taxable IRA distributions:	(10000)
Line 16a Total pensions & annuities:	(46000)
Line 16b Taxable pensions & annuities:	(44000)
Line 21 Other income - LITERAL:	(STATEMENT #1) (FORM 2555 -12627) (FORM 2555 -5000)
Line 21 Total other income:	(-17627)
Line 22 Total income:	(59225)
Line 30 One-half self employment tax:	(1060)
Line 31 Self-employed health insurance:	(1313)
Line 35 Total adjustments:	(2373)
Line 36 Adjusted gross income:	(56852)
Line 37 Amount from line 36:	(56852)
Line 38a Taxpayer born before 1/2/1940:	(X)
Line 38a Add the number of boxes checked	(1)
Line 39 Itemized or standard deduction:	(10650)
Line 40 Subtract line 39 from line 37:	(46202)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(6200)
Line 42 Taxable income:	(40002)
Line 43 Tax:	(10084)
Line 43b Form 4972:	(X)
Line 45 Add lines 43 and 44:	(10084)
Line 56 Subtract line 55 from line 45:	(10084)
Line 57 Self-employment tax:	(2120)
Line 62 Add lines 56 through 61:	(12204)
Line 63 Federal income tax withheld: LITERAL:	(13000) (FORM 1099)
Line 69 Other payments:	(100)
Line 69a Form 2439:	(X)
Line 70 Add 63 through 69:	(13100)
Line 71 Amount overpaid:	(896)
Line 72a Amount you want refunded to you:	(896)
Line 72b Routing transit number:	(XXXXXXXXXX)
Line 72d Account number:	(XXXXXXXXXXXXXXXXXXXX)

TEST #19 (continued):

Third party designee	(YES)
Designee's name:	(JOHN DOE)
Phone number:	(888-555-1111)
PIN:	(11122)
Taxpayer's occupation:	(SPORT FISHING GUIDE)
Spouse's occupation:	(WAITRESS)

Form W-2 #1:

b. Employer identification number:	(99-1234567)
c. Employer name address and zip code:	(RONS RIB RACK ON THE RIVER) (15 RIVERFRONT RD) (PUNTA GORDA BELIZE .)
d. Employees social security number:	(400-00-2019)
e. Employees name (first, mi, last):	(TUNA S HOAGIE)
f. Employees address and zip code:	(123 FRONT ST) (PUNTA GORDA BELIZE .)
Box 1 Wages, tips, etc.:	(5000)
Box 3 Social security wages:	(5000)
Box 4 Social security tax withheld:	(310)
Box 5 Medicare wages and tips:	(5000)
Box 6 Medicare tax withheld:	(73)

Form 1099-R #1:

Payers name address and zip Code:	(PROVOLONE CREDIT UNION) (106 PROVOLONE CENTER) (SANDWICH MA 02563)
Payers federal identification number:	(04-2131324)
Recipients identification number:	(400-00-1019)
Recipients name (first, mi, last):	(TEST A HOAGIE)
Recipients street address:	(123 FRONT ST)
Recipients City, State, and Zip:	(PUNTA GORDA BELIZE .)
Box 1 Gross distribution:	(11500)
Box 2a Taxable amount:	(10000)
Box 4 Federal Income tax withheld:	(2000)
Box 7 Distribution code:	(7)
Box 7 IRA /SEP Simple:	(X)
Box 11 State:	(MA)

TEST #19 (continued):

Form 1099-R #2:

Payers name address and zip code:	(PUMPERNICKLE RYE AND HOAGIE) (87 SUBWAY CENTER) (SANDWICH MA 02563)
Payers federal identification number:	(04-9876542)
Recipients identification number:	(400-00-2019)
Recipients name (first, mi, last):	(TUNA S HOAGIE)
Recipients street address:	(123 FRONT ST)
Recipients City, State, and Zip:	(PUNTA GORDA BELIZE .)

Box 1	Gross distribution:	(46000)
Box 2a	Taxable amount:	(44000)
Box 3	Capital gain:	(8000)
Box 4	Federal income tax withheld:	(8800)
Box 7	Distribution code:	(7)
Box 11	State:	(MA)

Form 1099-R #3:

Payers name address and zip code:	(ASSOCIATED RETIREMENT) (1402 RESTFUL WAY) (ATLANTA GA 30301)
Payers federal identification number:	(04-1466321)
Recipients identification number:	(400-00-1019)
Recipients name (first, mi, last):	(TEST A HOAGIE)
Recipients street address:	(123 FRONT ST)
Recipients City, State, and Zip:	(PUNTA GORDA BELIZE .)

Box 1	Gross distribution:	(43800)
Box 2a	Taxable amount:	(43800)
Box 3	Capital gain:	(8000)
Box 4	Federal income tax withheld:	(2200)
Box 7	Distribution code:	(7A)
Box 11	State:	(MA)

Form 2439 #1:

Regulated investment company:	(ACME INVESTMENT CORP)
Investment company street address:	(2041 INVEST STREET)
Investment City, State, and Zip:	(AUSTIN TX 78774)

Investment Co identification number:	(111111111)
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Shareholders identification number:	(400-00-1019)
Shareholders name (first, mi, last):	(TEST A HOAGIE)
Shareholders Street Address:	(123 FRONT ST)
Shareholders City, State, Zip	(PUNTA GORDA BELIZE .)

Box 1a	Total undistributed long term capital gains:	(2000)
Box 2	Tax paid by Investment Company:	(100)

TEST #20

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

FORM 1040:

First Name, MI & Last Name:	(TEST R DE LA HALO)
Social Security Number:	(400-00-1020)
Spouse's Name, MI & Last Name:	(RUBY D MONDAY)
Spouse's Social Security Number:	(400-00-2020)
Home Address:	(7 HEAVENS LN)
City, State, and Zip:	(BETHLEHEM KY 40007)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Literal:	(STATEMENT #1)
Dependent #1 Name:	(ANGELA DE LA HALO)
Social Security Number:	(400-55-3020)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #2 Name:	(GABRIEL DE LA HALO)
Social Security Number:	(400-55-4020)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #3 Name:	(MICHAEL MONDAY)
Social Security Number:	(400-55-5020)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #4 Name:	(LUCKY MONDAY)
Social Security Number:	(400-55-6020)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #5 Name:	(ARCHIBALD DE LA HALO)
Social Security Number:	(900-93-7020)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #6 Name:	(DAVID SAINT)
Social Security Number:	(400-55-8020)
Relationship:	(PARENT)
Dependent #7 Name:	(MARY SAINT)
Social Security Number:	(400-55-9020)
Relationship:	(PARENT)

TEST #20 (continued):

Number of boxes checked on 6a and 6b:	(2)
Number of children who lived with you:	(5)
Number of other dependents:	(2)
Total number in box 6d:	(9)
Line 7 Total wages:	(80900)
Line 12 Schedule C income or (loss):	(12161)
Line 17 Schedule E Income:	(1200)
Line 19 Unemployment compensation:	(2670)
Line 22 Total income:	(96931)
Line 29 Moving Expenses:	(263)
Line 30 One-Half self-employment tax:	(808)
Line 35 Total adjustments:	(1071)
Line 36 Adjusted gross income:	(95860)
Line 37 Amount from line 36:	(95860)
Line 39 Itemized or standard deduction:	(11491)
Line 40 Subtract line 39 from line 37:	(84369)
Line 41 Multiply \$3100 by the Total number in box 6d:	(27900)
Line 42 Taxable income:	(56469)
Line 43 Tax:	(7756)
Line 44 Alternative minimum tax:	(183)
Line 45 Add line 43 and 44:	(7939)
Line 51 Child tax credit:	(2939)
Line 52 Adoption credit:	(5000)
Line 55 Total credits:	(7939)
Line 56 Subtract line 55 from line 45:	(0)
Line 57 Self-employment tax:	(1615)
Line 62 Total tax:	(1615)
Line 63 Federal Income tax withheld:	(10878)
Line 64 2004 Estimated tax payments:	(500)
Line 66 Excess SS & RRTA tax withheld:	(198)
Line 67 Additional child tax credit:	(2061)
Line 70 Total payments:	(13637)
Line 71 Amount Overpaid:	(12022)
Line 72a Amount Refunded to you:	(12022)
Line 72b Routing transit number:	(XXXXXXXXXX)
Line 72d Account number:	(XXXXXXXXXXXXXXXXXXXX)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(TREE TRIMMER)
Spouse's Occupation:	(ANIMAL TRAINER)

TEST #20 (continued):

Form W-2 #1:

b. Employers identification number: (61-6270532)
c. Employers name address and Zip Code: (ANIMAL STAR CIRCUS)
(RR 72 BOX 187)
(BETHLEHEM KY 40007)
d. Employees social security number: (400-00-2020)
e. Employees name (first, m.i., last): (RUBY D MONDAY)
f. Employees address and Zip code: (7 HEAVENS LN)
(BETHLEHEM KY 40007)
Box 1 Wages, tips, etc.: (77700)
Box 2 Federal Income Tax Withheld: (10800)
Box 3 Social Security wages: (87900)
Box 4 Social Security tax withheld: (5450)
Box 5 Medicare wages and tips: (87900)
Box 6 Medicare tax withheld: (1275)
Box 12a See instructions: (P 1000)
Box 12b See instructions: (D 10200)
Box 13 Retirement Plan: (X)
Box 15 State and State ID Number: (KY 617283)
Box 16 State Wages: (77700)
Box 17 State Income Tax withheld: (1250)

Form W-2 #2:

b. Employers identification number: (61-2987342)
c. Employers name address and Zip Code: (FICA CIRCUS)
(123 BLUEBIRD CIRCLE)
(BETHLEHEM KY 40007)
d. Employees social security number: (400-00-2020)
e. Employees name (first, m.i., last): (RUBY D MONDAY)
f. Employees address and Zip code: (7 HEAVENS LN)
(BETHLEHEM KY 40007)
Box 1 Wages, tips, etc.: (3200)
Box 2 Federal Income Tax Withheld: (78)
Box 3 Social Security wages: (3200)
Box 4 Social Security tax withheld: (198)
Box 5 Medicare wages and tips: (3200)
Box 6 Medicare tax withheld: (46)
Box 12a Employee Business Expense: (L 100)
Box 15 State and State ID Number: (KY 619823)
Box 16 State Wages: (3200)
Box 17 State Income Tax withheld: (23)

TEST #21

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

FORM 1040:

First Name, MI & Last Name:	(TEST L CHARITY)
Social Security Number:	(400-00-1021)
Spouse's First Name, MI, and Last Name:	(MARY B CHARITY)
Spouse's Social Security Number:	(400-00-2021)
Home Address:	(923 HOPE ST)
City, State, and Zip:	(FAITH NC 28041-0923)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Dependent #1 Name:	(JEFFREY CHARITY)
Social Security Number:	(400-55-3021)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #2 Name:	(SAMUEL CHARITY)
Social Security Number:	(400-55-4021)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #3 Name:	(SANDRA CHARITY)
Social Security Number:	(400-55-5021)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Number of boxes checked on 6a and 6b:	(2)
Number of children who lived with you:	(3)
Total number in box 6d:	(5)
Line 7 Total wages:	(52840)
Line 13 Schedule D capital gain or loss:	(57)
Line 17 Schedule E income or loss:	(16456)
Line 21 Other income:	(1658)
LITERAL:	(FORM 8814)
Line 22 Total income:	(71011)
Line 25 IRA Deduction	(4260)
Line 34a Alimony paid:	(1200)
Line 34b Recipient's SSN:	(400-66-2021)
Line 35 LITERAL:	(STATEMENT #1 1900)
	(SUB-PAY TRA 400)
	(CLEAN FUEL VEHICLE 1500)
Line 35 Total adjustments:	(7360)
Line 36 Adjusted gross income:	(63651)

TEST #21 (continued):

Line 37	Amount from line 36:	(63651)
Line 39	Itemized or standard deduction:	(10973)
Line 40	Subtract line 39 from line 37:	(52678)
Line 41	Multiply \$3100 by the total number of exemptions on line 6d:	(15500)
Line 42	Taxable income:	(37178)
Line 43	Tax:	(5030)
Line 43a	Form 8814:	(X)
Line 45	Add lines 43 and 44:	(5030)
Line 51	Child tax credit:	(3000)
Line 55	Total credits:	(3000)
Line 56	Subtract line 55 from line 45:	(2030)
Line 62	Total tax:	(2030)
Line 63	Federal income tax withheld:	(1560)
Line 64	2004 Estimated tax payments:	(200)
Line 70	Total payments:	(1760)
Line 74	Amount you owe:	(270)

Third Party Designee	(NO)
Taxpayer's Occupation:	(CONSTRUCTION FOREMAN)
Spouse's Occupation:	(REAL ESTATE PROFESSIONAL)

Return prepared by taxpayer

TEST #21 (continued):

Form W-2 #1:

b. Employer identification number: (56-1241111)
c. Employer name address and Zip Code: (WORKINGHARD INDUSTRIES)
(280 LABOR ST)
(FAITH NC 28041-0280)
d. Employees social security number: (400-00-1021)
e. Employees name (first, mi, last): (TEST L CHARITY)
f. Employees address and Zip code: (923 HOPE ST)
(FAITH NC 28041-0923)
Box 1 Wages, tips, etc.: (37000)
Box 2 Federal Income tax withheld: (680)
Box 3 Social Security wages: (37000)
Box 4 Social Security tax withheld: (2294)
Box 5 Medicare wages and tips: (37000)
Box 6 Medicare tax withheld: (537)
Box 12a See instructions: (L 350)
Box 13 Retmnt Plan: (X)
Box 15 State and State ID Number: (NC 562211)
Box 16 State Wages: (7000)
Box 17 State Income tax withheld: (175)
Box 15 State and State ID Number: (GA 586671)
Box 16 State Wages: (10000)
Box 17 State Income tax withheld: (248)
Box 15 State and State ID Number: (VA 548745)
Box 16 State Wages: (5000)
Box 17 State Income tax withheld: (124)
Box 15 State and State ID Number: (AL 635698)
Box 16 State Wages: (15000)
Box 17 State Income tax withheld: (373)

Form W-2 #2:

b. Employer identification number: (56-3046224)
c. Employer name address and Zip Code: (GOLD BLAZER REAL ESTATE)
(459 DWELLING AVE)
(FAITH NC 28041)
d. Employees social security number: (400-00-2021)
e. Employees name (first, mi, last): (MARY B CHARITY)
f. Employees address and Zip code: (923 HOPE ST)
(FAITH NC 28041-0923)
Box 1 Wages, tips, etc.: (15840)
Box 2 Federal Income tax withheld: (880)
Box 3 Social Security wages: (15840)
Box 4 Social Security tax withheld: (982)
Box 5 Medicare wages and tips: (15840)
Box 6 Medicare tax withheld: (230)
Box 12a See instructions: (L 575)
Box 13 Retmnt Plan: (X)
Box 15 State and State ID Number: (NC 563754)
Box 16 State Wages: (15840)
Box 17 State Income tax withheld: (275)

TEST #22

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI & Last Name:	(TEST L TONTO SR)
Social Security Number:	(400-00-1022)
Spouse's Name, MI & Last Name:	(SILVER N TONTO)
Spouse's Social Security Number:	(400-00-2022)
Home Address:	(21 LONE RANGER CIR)
City, State, and Zip:	(SMOKE SIGNAL AZ 86503)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 12 Schedule C gain or (loss):	(39126)
Line 14 Form 4797 other gain or (loss):	(-2040)
Line 22 Total income:	(37086)
Line 30 One-half self-employment tax:	(2764)
Line 32 Self-employed SEP, SIMPLE plan:	(750)
Line 35 Total Adjustments:	(3514)
Line 36 Adjusted gross income:	(33572)
Line 37 Amount from line 36:	(33572)
Line 38a Spouse was blind:	(X)
Line 38a Number of boxes checked:	(1)
Line 39 Itemized or standard deduction:	(10650)
Line 40 Subtract line 39 from line 37:	(22922)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(6200)
Line 42 Taxable income:	(16722)
Line 43 Tax:	(1794)
Line 45 Add lines 43 and 44:	(1794)
Line 56 Subtract line 55 from line 45:	(1794)
Line 57 Self-employment tax:	(5528)
Line 61 Household emp taxes Schedule H:	(306)
Line 62 Total tax:	(7628)
Line 64 2004 Estimated tax payments:	(7500)
Line 70 Add lines 63 through 69:	(7500)
Line 74 Amount you owe:	(128)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(SELF-EMPLOYED)
Spouse's Occupation:	(SELF-EMPLOYED)

Return was IRS-PREPARED

TEST #23

FORMS INCLUDED: FORM 1040, FORM W-2 (2)

FORM 1040:

First Name, MI & Last Name:	(TEST J CADEN)
Social Security Number:	(400-00-1023)
Home Address:	(USS ROBERT E LEE)
City, State, and Zip:	(FPO AP 96222)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(HEAD OF HOUSEHOLD)
Dependent #1 Name:	(JASMINE CADEN)
Social Security Number:	(400-55-3023)
Relationship:	(DAUGHTER)
Number of boxes checked on 6a and 6b:	(1)
Number of children who lived with you:	(1)
Total number in box 6d:	(2)
Line 7 Total Wages:	(26600)
Line 8a Taxable interest:	(1025)
Line 8b Tax-exempt interest:	(80)
Line 9a Dividend income:	(120)
Line 9b Qualified Dividends:	(120)
Line 10 Taxable refunds, credits, etc:	(180)
Line 11 Alimony received:	(12000)
Line 12 Schedule C income or (loss):	(-1508)
Line 13 Capital gain or loss:	(25)
Line 13 If not required, check here:	(X)
Line 17 Schedule E income or (loss):	(254)
Line 18 Schedule F income or (loss):	(95)
Line 22 Total income:	(38791)
Line 26 Student loan interest deduction:	(131)
Line 29 Moving expenses:	(807)
Line 33 Penalty on early withdrawal:	(26)
Line 35 Total adjustments:	(964)
Line 36 Adjusted gross income:	(37827)
Line 37 Amount from line 34:	(37827)
Line 39 Itemized or standard deduction:	(7150)
Line 40 Subtract line 39 from line 37:	(30677)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(6200)
Line 42 Taxable income:	(24477)
Line 43 Tax:	(3146)
Line 45 Add lines 43 and 44:	(3146)
Line 49 Education credits:	(1500)
Line 55 Total credits:	(1500)
Line 56 Subtract line 55 from line 45:	(1646)
Line 62 Total tax:	(1646)
Line 63 Federal income tax withheld:	(1410)
Line 70 Total payments:	(1410)
Line 74 Amount You Owe:	(236)
Third Party Designee:	(YES)
Designee's Name:	(JOHN DOE)
Phone Number:	(888-555-1111)
PIN:	(11122)
Taxpayer's Occupation:	(SAILOR)

TEST #23 (continued):

Form W-2 #1:

b. Employer identification number: (99-1236541)
c. Employer name address and zip code: (US NAVY)
(1100 MILITARY AVE)
(WASHINGTON DC 20222-1643)
d. Employee's social security number: (400-00-1023)
e. Employee's name(first, mi, last): (TEST J CADEN)
f. Employee's address and zip code: (USS ROBERT E LEE)
(FPO AP 96222)
(24800)
Box 1 Wages, tips, etc.: (24800)
Box 2 Federal income tax withheld: (1200)
Box 3 Social security wages: (24800)
Box 4 Social security tax withheld: (1538)
Box 5 Medicare wages and tips: (24800)
Box 6 Medicare tax withheld: (360)
Box 12a See instructions: (P 2004 500)
Box 15 State and state ID number: (NC 56124022)
Box 16 State wages: (24800)
Box 17 State income tax withheld: (1600)

Form W-2 #2:

b. Employer identification number: (56-1242342)
c. Employer name address and Zip Code: (WILSONS SUPERMARKET)
(91 FISH HAWK CT)
(WILMINGTON NC 28403)
d. Employees social security number: (400-00-1023)
e. Employees name (first, mi, last): (TEST J CADEN)
f. Employees address and zip code: (USS ROBERT E LEE)
(FPO AP 96222)
(1800)
Box 1 Wages, tips, etc.: (1800)
Box 2 Federal income tax withheld: (210)
Box 3 Social security wages: (1800)
Box 4 Social security tax withheld: (112)
Box 5 Medicare wages and tips: (1800)
Box 6 Medicare tax withheld: (26)
Box 15 State and state ID number: (NC 56420214)
Box 16 State wages: (1800)
Box 17 State income tax withheld: (20)

TEST #24

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI & Last Name:	(TEST G HERBALIST)
Social Security Number:	(400-00-1024)
Home Address:	(50 FEEL GOOD AVENUE)
City, State, and Zip:	(GREEN VALLEY LAKE CA 92341)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(SINGLE)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 12 Schedule C income or (loss):	(75600)
Line 17 Schedule E income or (loss):	(12462)
Line 22 Total income:	(88062)
Line 30 One-half of self-employment tax:	(5341)
Line 35 Total adjustments:	(5341)
Line 36 Adjusted gross income:	(82721)
Line 37 Amount from line 36:	(82721)
Line 39 Itemized or standard deduction:	(4850)
Line 40 Subtract line 39 from line 37:	(77871)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(3100)
Line 42 Taxable income:	(74771)
Line 43 Tax:	(15564)
Line 45 Add line 43 and 44:	(15564)
Line 54 Other credits:	(4345)
Line 54a Form 3800:	(X)
Line 54c Specify:	(X)
	(FORM 8834)
Line 55 Total credits:	(4345)
Line 56 Subtract line 55 from line 45:	(11219)
Line 57 Self-employment tax:	(10682)
Line 62 Total tax:	(21901)
Line 70 Total payments:	(0)
Line 74 Amount you owe:	(22405)
Line 75 Estimated tax penalty:	(504)
Third Party designee:	(YES)
Designee's name:	(JOHN DOE)
Phone number:	(888-555-1111)
PIN:	(11122)
Taxpayer's occupation:	(CHEMIST)
Daytime phone number:	(805-555-2121)

TEST #25

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI & Last Name:	(TEST O OLYMPICS)
Social Security Number:	(400-00-1025)
Home Address:	(121 TORCH ST)
City, State, and Zip:	(ATLANTA GA 30301)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(QUALIFYING WIDOW(ER))
Year Spouse Died:	(2003)
Dependent #1 Name:	(WENDY OLYMPICS)
Social Security Number:	(400-55-3025)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Number of boxes checked on 6a and 6b:	(1)
Number of children who lived with you:	(1)
Total number in box 6d:	(2)
Line 8a Taxable interest:	(22482)
Line 8b Tax-exempt interest:	(35699)
Line 9a Ordinary dividends:	(16166)
Line 9b Qualified dividends:	(14377)
Line 13 Capital gain or loss:	(33265)
Line 22 Total income:	(71913)
Line 36 Adjusted gross income:	(71913)
Line 37 Amount from line 36:	(71913)
Line 39 Itemized or standard deduction:	(34044)
Line 40 Subtract line 39 from line 37:	(37869)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(6200)
Line 42 Taxable income:	(31669)
Line 43 Tax:	(2595)
Line 45 Add lines 43 and 44:	(2595)
Line 51 Child tax credit:	(1000)
Line 54b Other Credits	(X)
	(FORM 8801)
Line 55 Total credits:	(1000)
Line 56 Subtract line 55 from line 45:	(1595)
Line 62 Total tax:	(1595)
Line 64 2004 estimated tax payments:	(1000)
Line 70 Total payments:	(1000)
Line 74 Amount you owe:	(595)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(INVESTMENT SPECIALIST)
Taxpayer's Daytime Phone number:	(404-555-1020)

TEST #26

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM 1099-R (1)

FORM 1040:

First Name, MI & Last Name:	(TEST F STILES)
Social Security Number:	(400-00-1026)
Home Address:	(4664 COUSINS PL)
City, State, and Zip:	(TILLAMOOK OR 97141)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(SINGLE)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 7 Total wages:	(17400)
Line 9a Ordinary dividends:	(4860)
Line 13 Schedule D capital gain or(loss):	(1186)
Line 17 Schedule E income or (loss):	(28830)
Line 22 Total income:	(52276)
Line 27 Tuition and fees deduction:	(2000)
Line 35 Total adjustments:	(2000)
Line 36 Adjusted gross income:	(50276)
Line 37 Amount from line 36:	(50276)
Line 39 Itemized or standard deduction:	(4850)
Line 40 Subtract line 39 from line 37:	(45426)
Line 41 Multiply \$3100 by the total Number of exemptions on line 6d:	(3100)
Line 42 Taxable income:	(42326)
Line 43 Tax:	(7284)
Line 43b Form 4972:	(X)
Line 45 Add lines 43 and 44:	(7294)
Line 46 Form 1116 foreign tax credit:	(3456)
Line 55 Total credits:	(3456)
Line 56 Subtract line 55 from line 45:	(3828)
Line 62 Total tax:	(3828)
Line 63 Federal income tax withheld:	(2580)
LITERAL:	(FORM 1099)
Line 64 2004 estimated tax payments:	(500)
Line 70 Total payments:	(3080)
Line 74 Amount you owe:	(748)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(STOCK BROKER)

TEST #26 (continued):

Form W-2 #1:

b. Employer identification number:	(93-1422446)
c. Employer name address and zip code:	(MEXICO AVENTURAS) (RIO LERMO NO 1665 81000 XALAPA) (VERACRUZ .)
d. Employees social security number:	(400-00-1026)
e. Employees name (first, mi, last):	(TEST F STILES)
f. Employees address and zip code:	(4664 COUSINS PL) (TILLAMOOK OR 97141)
Box 1 Wages, tips, etc.:	(17400)
Box 2 Federal income tax withheld:	(2100)
Box 3 Social security wages:	(17400)
Box 4 Social security tax withheld:	(1079)
Box 5 Medicare wages and tips:	(17400)
Box 6 Medicare tax withheld:	(252)
Box 14 Other:	(FOR TAX 1600)
Box 15 State and state ID number:	(OR 934142)
Box 16 State wages:	(17400)
Box 17 State income tax withheld:	(1023)

Form 1099-R #1:

Payers name address and zip code:	(GOLDEN YEARS RETIREMENT FUNDS) (129 QUEBEC BLVD) (ATLANTA GA 30348)
Payers identification number:	(99-5244433)
Recipients identification number:	(400-00-1026)
Recipients name (first, mi, last):	(TEST F STILES)
Recipients street address:	(4664 COUSINS PL)
Recipients city, state and Zip code:	(TILLAMOOK OR 97141)

Box 1 Gross distribution:	(3800)
Box 2a Taxable Amount:	(3800)
Box 2b Total Distribution:	(X)
Box 4 Federal income tax withheld:	(480)
Box 7 Distribution Code:	(4A)
Box 9a Percentage of total:	(50)

TEST #27

FORMS INCLUDED: FORM 1040, FORM W-2 (2)
FORM 1040:

First Name, MI & Last Name:	(TEST O MACDONALD)
Social Security Number:	(400-00-1027)
Spouse's First Name, MI, and Last Name:	(DAISY MACDONALD)
Spouse's Social Security Number:	(400-00-2027)
Home Address:	(1 FIRST STREET APT 3)
City, State, and Zip:	(SUNSHINE IA 52544)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Dependent #1 Name:	(JETHRO MACDONALD)
Social Security Number:	(400-55-3027)
Relationship:	(SON)
Dependent #2 Name:	(ELLIE MAE MACDONALD)
Social Security Number:	(400-55-4027)
Relationship:	(DAUGHTER)
Number of boxes checked on 6a and 6b:	(2)
Number of children who lived with you:	(2)
Total number in box 6d:	(4)
Line 7 Total wages:	(37967)
Line 18 Farm Income:	(5790)
Line 21 Other income:	(728)
Other income - LITERAL:	(FORM 6478)
Line 22 Total income:	(44485)
Line 30 One-half of self employment tax:	(409)
Line 35 Total adjustments:	(409)
Line 36 Adjusted gross income:	(44076)
Line 37 Amount from line 36:	(44076)
Line 39 Itemized or standard deduction:	(9700)
Line 40 Subtract line 39 from line 37:	(34376)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(12400)
Line 42 Taxable income:	(21976)
Line 43 Tax:	(2581)
Line 45 Add lines 43 and 44:	(2581)
Line 54 Other credits:	(2581)
Line 54a Other credits:	(X)
	(FORM 3800)
Line 55 Total Credits:	(2581)
Line 56 Subtract line 55 from line 45:	(0)
Line 57 Self-employment tax:	(818)
Line 62 Total tax:	(818)
Line 63 Federal income tax withheld:	(749)
Line 70 Total payments:	(749)
Line 74 Amount you owe:	(69)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(TRUCK DRIVER)
Spouse's Occupation:	(FARMER)

TEST #27 (continued):

Form W-2 #1:

b. Employer identification number:	(42-8765421)
c. Employer name address and zip code:	(TURNIP TRUCK PRODUCE) (8439 VEGGIE LANE) (VINING IA 52348)
d. Employee's social security number:	(400-00-1027)
e. Employee's name(first, mi, last):	(TEST O MACDONALD)
f. Employee's address and zip code:	(1 FIRST STREET APT 3) (SUNSHINE IA 52544)
Box 1 Wages, tips, etc.:	(30000)
Box 2 Federal income tax withheld:	(749)
Box 3 Social security wages:	(30000)
Box 4 Social security tax withheld:	(1860)
Box 5 Medicare wages and tips:	(30000)
Box 6 Medicare tax withheld:	(435)
Box 15 State and state ID number:	(IA 4200001)
Box 16 State wages:	(30000)
Box 17 State income tax withheld:	(2100)

Form W-2 #2:

b. Employers identification number:	(42-6651220)
c. Employers name address and zip code:	(PACK AND MOVE) (321 TRAVELLERS REST) (SUNSHINE IA 52544)
d. Employees social security number:	(400-00-1027)
e. Employees name (first, mi, last):	(TEST O MACDONALD)
f. Employees address and zip code:	(1 FIRST STREET APT 3) (SUNSHINE IA 52544)
Box 1 Wages, tips, etc.:	(7967)
Box 3 Social security wages:	(7967)
Box 4 Social security tax withheld:	(494)
Box 5 Medicare wages and tips:	(7967)
Box 6 Medicare tax withheld:	(116)
Box 15 State and state ID number:	(IA 4201240)
Box 16 State wages:	(7967)
Box 17 State income tax withheld:	(26)

TEST #28

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, MI & Last Name:	(TEST A LOTT)
Social Security Number:	(400-00-1028)
Spouse's First Name, MI, and Last Name:	(EDNA K LOTT)
Spouse's Social Security Number:	(400-00-2028)
Home Address:	(45020 GREEN WAY)
City, State, and Zip:	(DALLAS TX 75202)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 7 Total Wages:	(1225500)
Line 12 Schedule C income or (loss):	(170533)
Line 22 Total income:	(1396033)
Line 30 One-half of self-employment tax:	(7734)
Line 35 Total Adjustments:	(7734)
Line 36 Adjusted gross income:	(1388299)
Line 37 Amount from line 36:	(1388299)
Line 39 Itemized or standard deduction:	(99832)
Line 40 Subtract line 39 from line 37:	(1288467)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(0)
Line 42 Taxable income:	(1288467)
Line 43 Tax:	(425606)
Line 45 Add lines 43 and 44:	(425606)
Line 54 Other credits:	(9540)
Line 54a Form 3800:	(X)
Line 54c Specify:	(X)
	(8844)
Line 55 Total credits:	(9540)
Line 56 Subtract line 55 from line 45:	(416066)
Line 57 Self-employment tax:	(15467)
Line 62 Total tax:	(440547)
LITERAL:	(FORM 8866 9014)
Line 63 Federal income tax withheld:	(419000)
Line 70 Total payments:	(419000)
Line 74 Amount you owe:	(21547)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(SELF-EMPLOYED)
Spouse's Occupation:	(BANKER)

TEST #28 (continued):

Form W-2 #1:

b. Employer identification number:	(73-1111222)
c. Employer name address and zip code:	(THIRD REGIONAL BANK) (ONE TOWER SQUARE) (DALLAS TX 75266)
d. Employee's social security number:	(400-00-2028)
e. Employee's name(first, mi, last):	(EDNA K LOTT)
f. Employee's address and zip code:	(45020 GREEN WAY) (DALLAS TX 75202)
Box 1 Wages, tips, etc.:	(1225500)
Box 2 Federal income tax withheld:	(419000)
Box 3 Social security wages:	(87900)
Box 4 Social security tax withheld:	(5450)
Box 5 Medicare wages and tips:	(1225500)
Box 6 Medicare tax withheld:	(17770)
Box 13 Retmnt Plan:	(X)
Box 15 State and state ID number:	(OK 73012456)
Box 16 State wages:	(1200)

TEST #29

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI & Last Name:	(TEST T LIVINGWATERS)
Social Security Number:	(400-00-1029)
Spouse's Name, MI & Last Name:	(ISABEL H LIVINGWATERS)
Spouse's Social Security Number:	(400-00-2029)
Home Address:	(341 RONALD RD)
City, State, and Zip:	(HULL IL 62343)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(YES)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 13 Schedule D capital gain or(loss):	(1000)
Line 14 Form 4797 other gain or(loss):	(3588)
Line 18 Schedule F income or (loss):	(21764)
Line 22 Total income:	(26352)
Line 30 One-half of self-employment tax:	(1538)
Line 35 Total adjustments:	(1538)
Line 36 Adjusted gross income:	(24814)
Line 37 Amount from line 36:	(24814)
Line 38a Taxpayer born before 1/2/1940:	(X)
Taxpayer is blind:	(X)
Spouse born before 1/2/1940:	(X)
Line 38a Total number of boxes checked:	(3)
Line 39 Itemized or standard deduction:	(12550)
Line 40 Subtract line 39 from line 37:	(12264)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(6200)
Line 42 Taxable income:	(6064)
Line 43 Tax:	(505)
Line 45 Add lines 43 and 44:	(505)
Line 56 Subtract line 55 from line 45:	(505)
Line 57 Self-employment tax:	(3075)
Line 62 Total tax:	(6330)
LITERAL:	(ICR 2000)
LITERAL:	(FMSR 750)
Line 64 2004 estimated tax payments:	(3000)
Line 70 Total payments:	(3000)
Line 74 Amount you owe:	(3333)
Line 75 Estimated tax penalty:	(3)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(RETIRED)
Spouse's Occupation:	(FARMER)

TEST #30

FORMS INCLUDED: FORM 1040

FORM 1040:

First Name, MI & Last Name:	(TEST E RATT)
Social Security Number:	(400-00-1030)
Spouse's First Name, MI, and Last Name:	(WHARF B RATT)
Spouse's Social Security Number:	(400-00-2030)
Home Address:	(452 MOUSETRAP CT)
City, State, and Zip:	(CHEESETOWN PA 17201)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(YES)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 8a Taxable interest:	(390)
Line 10 Taxable refunds:	(2000)
Line 14 Form 4797 gain or (loss):	(85)
Line 17 Schedule E income or (loss):	(10858)
Line 18 Schedule F income or (loss):	(9086)
Line 22 Total income:	(22419)
Line 30 One-half of self-employment tax:	(642)
Line 35 Total adjustments:	(642)
Line 36 Adjusted gross income:	(21777)
Line 37 Amount from line 36:	(21777)
Line 39 Itemized or standard deduction:	(10667)
Line 40 Subtract line 39 from line 37:	(11110)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(6200)
Line 42 Taxable income:	(4910)
Line 43 Tax:	(493)
Line 45 Add lines 43 and 44:	(493)
Line 53 Other credits:	(255)
Line 53a Form 8396:	(X)
Line 55 Total credits:	(255)
Line 56 Subtract line 55 from line 45:	(238)
Line 57 Self-employment tax:	(1284)
Line 62 Total tax:	(1522)
Line 70 Total payments:	(0)
Line 74 Amount you owe:	(1522)
Third Party Designee:	(YES)
Designee's Name:	(JOHN DOE)
Phone Number:	(888-555-1111)
PIN:	(11122)
Taxpayer's Occupation:	(FARMER)
Spouse's Occupation:	(FARMER)

TEST #31

FORMS INCLUDED: FORM 1040, FORM 1099-R (1)

FORM 1040:

First Name, MI & Last Name:	(TEST L PARTNER)
Social Security Number:	(400-00-1031)
Home Address:	(123 FRIGID LN)
City, State, and Zip:	(STARKWEATHER ND 58377)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(SINGLE)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 9a Ordinary dividends:	(4000)
Line 9b Qualified dividends:	(4000)
Line 16b Taxable amount:	(5000)
Line 17 Schedule E income or (loss):	(4500)
Line 22 Total income:	(13500)
Line 36 Adjusted gross income:	(13500)
Line 37 Amount from line 36:	(13500)
Line 39 Itemized or standard deduction:	(4850)
Line 40 Subtract line 39 from line 37:	(8650)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(3100)
Line 42 Taxable income:	(5550)
Line 43 Tax:	(356)
Line 45 Add lines 43 and 44:	(356)
Line 48 Credit for the elderly:	(60)
Line 54 Other credits:	(296)
Line 54a Form 3800:	(X)
Line 55 Total credits:	(356)
Line 56 Subtract line 55 from line 45:	(0)
Line 62 Total tax:	(560)
LITERAL:	(LIHCR 560)
Line 63 Federal income tax withheld;	(350)
LITERAL:	(FORM 1099)
Line 70 Total payments:	(350)
Line 74 Amount you owe:	(210)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(PROPERTY MANAGER)

TEST #31 (continued):

Form 1099-R #1:

Payers name address and zip code:	(HARTFORD FINANCIAL SERVICES) (1158 NEW BEDFORD STREET) (FRANKLIN NC 28734
Payers identification number:	(56-2667891)
Recipients social security number:	(400-00-1031)
Recipients name (First, mi, Last):	(TEST L PARTNER)
Recipients street address:	(123 FRIGID LN)
Recipients city state and Zip code:	(STARKWEATHER ND 58377)

Box 1	Gross distribution:	(5000)
Box 2a	Taxable amount:	(5000)
Box 4	Federal income tax withheld:	(350)
Box 7	Distribution code:	(3)

TEST #32

FORMS INCLUDED: FORM 1040EZ, FORM W-2 (1)

FORM 1040EZ:

First Name, MI & & Last Name:	(TEST A EAU DE TOILETTE)
Social Security Number:	(400-00-1032)
Home Address:	(5 GOTTA SMELL GOOD ST)
City, State, and Zip:	(OTTO NC 28763)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(SINGLE)
Line 1 Total wages:	(9000)
Line 2 Taxable interest:	(370)
Line 4 Adjusted gross income:	(9370)
Line 5 Can someone else claim you on their return:	(NO)
Deduction/exemption amount:	(7950)
Line 6 Taxable income:	(1420)
Line 7 Tax withheld:	(750)
Line 8a Earned income credit:	(162)
Line 9 Total payments:	(912)
Line 10 Tax:	(141)
Line 11a This is your refund:	(771)
Line 11b Routing transit number:	(XXXXXXXXXX)
Line 11d Account number:	(XXXXXXXXXXXXXXXXXXXX)

Third Party Designee:	(NO)
Taxpayer's Occupation:	(SALES CLERK)

Form W-2 #1:

b. Employers identification number:	(41-8765432)
c. Employers name address and zip code:	(SWEET AROMA HEALTH AND BEAUTY AIDES) (7 FRAGRANT WAY) (COLOGNE MO 64188)
d. Employees social security number:	(400-00-1032)
e. Employees name (first, mi, last):	(TEST A EAU DE TOILETTE)
f. Employees address and zip code:	(5 GOTTA SMELL GOOD ST) (OTTO NC 28763)
Box 1 Wages, tips, etc.:	(9000)
Box 2 Federal income tax withheld:	(750)
Box 3 Social security wages:	(9000)
Box 4 Social security tax withheld:	(558)
Box 5 Medicare wages and tips:	(9000)
Box 6 Medicare tax withheld:	(131)
Box 15 State and state ID number:	(NC 41777)
Box 16 State wages:	(9000)
Box 17 State income tax withheld:	(525)

TEST #33

FORMS INCLUDED: FORM 1040A, FORM 1099-R (2)

FORM 1040A:

First Name, MI and Last Name:	(TEST Y INSIGHTFUL)
Social Security Number:	(400-00-1033)
Spouse's First Name, MI, and Last Name:	(IRENE K INSIGHTFUL)
Spouse's Social Security Number:	(400-00-2033)
Home Address:	(512 HOWARD DR)
City, State, and Zip:	(WINTER PARK FL 32789)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 8a Taxable interest:	(12000)
Line 11a Total IRA distributions:	(700)
Line 11b Taxable amount:	(100)
Line 12a Total pensions and annuities:	(15000)
Line 12b Taxable amount:	(12000)
Line 14a Social security benefits:	(23000)
Line 14b Taxable amount:	(1800)
Line 15 Total income:	(25900)
Line 21 Adjusted gross income:	(25900)
Line 22 Amount from line 21:	(25900)
Line 23a Spouse born before 1/2/1940:	(X)
Spouse is blind:	(X)
Total number of boxes checked:	(2)
Line 24 Standard deduction:	(11600)
Line 25 Subtract line 24 from line 22:	(14300)
Line 26 Multiply \$3100 by the total number of exemptions in box 6d:	(6200)
Line 27 Taxable income:	(8100)
Line 28 Tax:	(813)
Line 36 Subtract line 35 from line 28:	(813)
Line 38 Total tax:	(813)
Line 43 Total payments:	(0)
Line 47 Amount you owe:	(813)
Third Party Designee:	(NO)
Taxpayer PIN:	(19360)
Taxpayer Signature Date:	(2005-02-12)
Spouse PIN:	(19340)
Taxpayer's Occupation:	(RETIRED)
Spouse's Occupation:	(RETIRED)

TEST #33 (continued):

Form 1099-R #1:

Payers name address and zip code:	(THEME PARK PENSION PLAN) (1 BUENA VISTA WAY) (ANAHEIM CA 92812)
Payers identification number:	(33-4234444)
Recipients social security number:	(400-00-2033)
Recipients name (first, mi, last):	(IRENE K INSIGHTFUL)
Recipients street address:	(512 HOWARD DR)
Recipients city state and zip code:	(WINTER PARK FL 32789)

Box 1	Gross distribution:	(15000)
Box 2a	Taxable amount:	(12000)
Box 7	Distribution code:	(7)
Box 10	State tax withheld:	(100)
Box 11	State/Payers state no:	(CA 330011)
Box 12	State distribution:	(1000)

Form 1099-R #2:

Payers name address and zip code:	(BIG BROKERS) (12 WALL STREET) (NEW YORK CITY NY 10005)
Payers identification number:	(13-4433221)
Recipients social security number:	(400-00-2033)
Recipients name (first, mi, last):	(IRENE K INSIGHTFUL)
Recipients street address:	(512 HOWARD DR)
Recipients city state and zip code:	(WINTER PARK FL 32789)

Box 1	Gross distribution:	(700)
Box 2a	Taxable amount:	(100)
Box 7	Distribution code:	(7)
Box 7	IRA/SEP/SIMPLE:	(X)
Box 11	State/Payers state no:	(NY 132143)
Box 12	State distribution:	(100)

TEST #34

FORMS INCLUDED: FORM 1040, FORM W-2 (2), FORM 1099-R (1)

FORM 1040:

LITERAL:	(INJURED SPOUSE)
First Name, MI and Last Name:	(TEST T HAMMER)
Social Security Number:	(400-00-1034)
Spouse's First Name, MI, and Last Name:	(MARY B HAMMER)
Spouse's Social Security Number:	(400-00-2034)
Home Address:	(74 BUILDER DR)
City, State, and Zip:	(GREENVILLE SC 29601)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
LITERAL:	(STATEMENT #1)
Dependent #1 Name:	(BILL HAMMER)
Social Security Number:	(400-55-3034)
Relationship:	(SON)
Dependent #2 Name:	(BOB HAMMER)
Social Security Number:	(400-55-4034)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Dependent #3 Name:	(KIM HAMMER)
Social Security Number:	(400-55-5034)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #4 Name:	(KATIE HAMMER)
Social Security Number:	(400-55-6034)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #5 Name:	(LEAH HAMMER)
Social Security Number:	(400-55-7034)
Relationship:	(DAUGHTER)
Qualifying child for child tax credit:	(X)
Dependent #6 Name:	(LANCE HAMMER)
Social Security Number:	(400-55-8034)
Relationship:	(SON)
Qualifying child for child tax credit:	(X)
Number of boxes checked on 6a and 6b:	(2)
Number of children who lived with you:	(6)
Total number in box 6d:	(8)
Line 7 Total wages - LITERAL:	(DCB 2400)
Line 7 Total wages:	(28400)
Line 15a IRA distributions:	(1400)
Line 15b Taxable amount IRA:	(500)
Line 17 Schedule E income or loss:	(6000)
Line 20a Social security benefits:	(13000)
Line 20b Taxable amount:	(3700)
Line 22 Total income:	(38600)
Line 25 IRA deduction:	(2000)
Line 35 Total adjustments:	(2000)

TEST #34 (continued):

Line 36	Adjusted gross income:	(36600)
Line 37	Amount from line 36:	(36600)
Line 38a	Taxpayer born before 1/2/1940:	(X)
Line 38a	Add the number of boxes:	(1)
Line 39	Itemized or standard deduction:	(10650)
Line 40	Subtract line 39 from line 37:	(25950)
Line 41	Multiply \$3100 by the total Number of exemptions on line 6d:	(24800)
Line 42	Taxable income:	(1150)
Line 43	Tax:	(116)
Line 45	Add lines 43 and 44:	(116)
Line 47	Child and dependent care credit:	(116)
Line 55	Total credits:	(116)
Line 56	Subtract line 55 from line 45:	(0)
Line 61	Household employment taxes:	(355)
Line 62	Total tax:	(355)
Line 63	Federal income tax withheld:	(500)
Line 67	Additional child tax credit:	(2648)
Line 70	Total payments:	(3148)
Line 71	Amount overpaid:	(2793)
Line 72a	Amount refunded to you:	(2793)
Line 72b	Routing transit number:	(XXXXXXXXXX)
Line 72d	Account number:	(XXXXXXXXXXXXXXXXXXXX)
	Third Party Designee:	(YES)
	Designee's Name:	(JOHN DOE)
	Phone Number:	(888-555-1111)
	PIN:	(11112)
	Taxpayer's occupation:	(CONSTRUCTION)
	Spouse's occupation:	(BANK TELLER)

TEST #34 (continued):

Form W-2 #1:

b. Employer identification number: (57-2587950)
c. Employer name address and zip code: (TIMELY BUILDERS)
(12 BUILDER DR)
(GREENVILLE SC 29601)
d. Employee social security number: (400-00-1034)
e. Employee name(first, mi, last): (TEST T HAMMER)
f. Employee address and zip code: (74 BUILDER DR)
(GREENVILLE SC 29601)
Box 1 Wages, tips, etc.: (25000)
Box 2 Federal income tax withheld: (500)
Box 3 Social security wages: (25000)
Box 4 Social security tax withheld: (1550)
Box 5 Medicare wages and tips: (25000)
Box 6 Medicare tax withheld: (363)
Box 10 Dependent care benefits: (3400)
Box 15 State and state ID number: (SC 5712345)
Box 16 State wages: (25000)
Box 17 State income tax withheld: (500)

Form W-2 #2:

b. Employers identification number: (57-8234588)
c. Employers name address and zip code: (GREENVILLE BANK)
(1200 CENTRAL AVE)
(GREENVILLE SC 29601)
d. Employees social security number: (400-00-2034)
e. Employees name (first, mi, last): (MARY B HAMMER)
f. Employees address and zip code: (74 BUILDER DR)
(GREENVILLE SC 29601)
Box 1 Wages, tips, etc.: (1000)
Box 3 Social security wages: (1000)
Box 4 Social security tax withheld: (62)
Box 5 Medicare wages and tips: (1000)
Box 6 Medicare tax withheld: (15)
Box 15 State and state ID number: (SC 5734246)
Box 16 State wages: (1000)

TEST #34 (continued):

Form 1099-R #1:

Payers name address and zip code:	(PHILLIP JOHNSON BROKERS) (12 WALL STREET) (NEW YORK CITY NY 10009)
Payers identification number:	(57-8888875)
Recipients social security number:	(400-00-1034)
Recipients name (First, mi, Last):	(TEST T HAMMER)
Recipients street address:	(74 BUILDER DR)
Recipients city state and Zip code:	(GREENVILLE SC 29601)

Box 1	Gross distribution:	(1400)
Box 2a	Taxable amount:	(1400)
Box 7	Distribution code:	(T)
Box 7	IRA/SEP/SIMPLE:	(X)
Box 11	State/Payers state no:	(SC 5701434)
Box 12	State distribution	(1400)

TEST RETURNS #35 AND #36 ARE FOR ON-LINE FILING ONLY

TEST #35

FORMS INCLUDED: FORM 1040A, FORM W-2 (2)

FORM 1040A:

First Name, MI & Last Name:	(TEST O MAPLE)
Social Security Number:	(400-00-1035)
Home Address:	(7842 WEEPING WILLOW LN)
City, State, and Zip:	(AUDUBON NJ 08106-7842)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(YES)
Filing Status:	(SINGLE)
Number of boxes on 6a and 6b:	(0)
Total number box 6d:	(0)
Line 7 Total wages:	(4400)
Line 8a Taxable interest:	(6500)
Line 8b Tax exempt interest:	(1000)
Line 9a Dividends:	(3000)
Line 15 Total income:	(13900)
Line 21 Adjusted gross income:	(13900)
Line 22 Amount from line 21:	(13900)
Line 24 Standard deduction:	(4650)
Line 25 Subtract line 24 from line 22:	(9250)
Line 26 Multiply \$3100 by the total number of exemptions on line 6d:	(0)
Line 27 Taxable income:	(9250)
Line 28 Tax:	(1034)
Line 36 Subtract line 35 from line 28:	(1034)
Line 38 Total tax:	(1034)
Line 39 Federal income tax withheld:	(1360)
Line 43 Total payments:	(1360)
Line 44 Amount overpaid:	(326)
Line 45a Amount want refunded:	(326)
Line 45b Routing transit number:	(XXXXXXXXXX)
Line 45d Account number:	(XXXXXXXXXXXXXXXXXXXX)
Third Party Designee:	(NO)
Taxpayer's occupation:	(TREE TRIMMER)
Taxpayer PIN:	(19821)
Taxpayer Signature Date:	(2005-03-21)
Daytime Phone Number:	(201-555-1111)

TEST #35 (continued):

Form W-2 #1:

b. Employers identification number: (22-2244661)

c. Employers name address and zip code: (TREE TOPPERS INC)
(783 CHRISTMAS TREE DRIVE)
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1035)

e. Employees name (first, mi, last): (TEST O MAPLE)

f. Employees address and zip code: (7842 WEEPING WILLOW LN)
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (1200)

Box 2 Federal income tax withheld: (480)

Box 3 Social security wages: (1200)

Box 4 Social security tax withheld: (74)

Box 5 Medicare wages and tips: (1200)

Box 6 Medicare tax withheld: (17)

Box 15 State and state ID number: (NJ 22130)

Box 16 State wages: (1200)

Box 17 State income tax withheld: (84)

Form W-2 #2:

b. Employers identification number: (22-3355771)

c. Employers name address and zip code: (OAKLEYS YARD AND GARDEN)
(87 KUDZU CENTER)
(AUDUBON NJ 08106)

d. Employees social security number: (400-00-1035)

e. Employees name (first, mi, last): (TEST O MAPLE)

f. Employees address and zip code: (7842 WEEPING WILLOW LN)
(AUDUBON NJ 08106-7842)

Box 1 Wages, tips, etc.: (3200)

Box 2 Federal income tax withheld: (880)

Box 3 Social security wages: (3200)

Box 4 Social security tax withheld: (198)

Box 5 Medicare wages and tips: (3200)

Box 6 Medicare tax withheld: (46)

Box 15 State and state ID number: (NJ 07543917)

Box 16 State wages: (3200)

TEST #36

FORMS INCLUDED: FORM 1040A, FORM 1099-R (2)

FORM 1040A:

First Name, MI and Last Name:	(TEST Y INSIGHTFUL)
Social Security Number:	(400-00-1036)
Spouse's First Name, MI, and Last Name:	(IRENE K INSIGHTFUL)
Spouse's Social Security Number:	(400-00-2036)
Home Address:	(512 HOWARD DR)
City, State, and Zip:	(WINTER PARK FL 32789)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
If filing joint, does Taxpayer's spouse want \$3.00 to go to this fund:	(NO)
Filing Status:	(MARRIED FILING JOINTLY)
Number of boxes checked on 6a and 6b:	(2)
Total number in box 6d:	(2)
Line 8a Taxable interest:	(12000)
Line 11a Total IRA distributions:	(700)
Line 11b Taxable amount:	(100)
Line 12a Total pensions and annuities:	(15000)
Line 12b Taxable amount:	(12000)
Line 14a Social security benefits:	(23000)
Line 14b Taxable amount:	(1800)
Line 15 Total income:	(25900)
Line 21 Adjusted gross income:	(25900)
Line 22 Amount from line 21:	(25900)
Line 23a Spouse born before 1/2/1940:	(X)
Spouse is blind:	(X)
Total number of boxes checked:	(2)
Line 24 Standard deduction:	(11600)
Line 25 Subtract line 24 from line 22:	(14300)
Line 26 Multiply \$3100 by the total number of exemptions on line 6d:	(6200)
Line 27 Taxable income:	(8100)
Line 28 Tax:	(813)
Line 36 Subtract line 35 from line 28:	(813)
Line 38 Total tax:	(813)
Line 43 Total payments:	(0)
Line 47 Amount you owe:	(813)
Third Party Designee:	(NO)
Taxpayer's occupation:	(RETIRED)
Spouse occupation:	(RETIRED)
Taxpayer PIN:	(19360)
Taxpayer signature date:	(02-12-2005)
Spouse PIN:	(19340)

TEST #36 (continued):

Form 1099-R #1:

Payers name address and zip code:	(THEME PARK PENSION PLAN) (1 BUENA VISTA WAY) (ANAHEIM CA 92812)
Payers identification number:	(33-4234444)
Recipients social security number:	(400-00-2036)
Recipients name (First, mi, Last):	(IRENE K INSIGHTFUL)
Recipients street address:	(512 HOWARD DR)
Recipients city state and zip code:	(WINTER PARK FL 32789)
Box 1 Gross distribution:	(15000)
Box 2a Taxable amount:	(12000)
Box 7 Distribution code:	(7)
Box 11 State/Payers state no:	(CA 330011)
Box 12 State distribution:	(1000)

Form 1099-R #2:

Payers name address and zip code:	(BIG BROKERS) (12 WALL STREET) (NEW YORK CITY NY 10005)
Payers identification number:	(13-4433221)
Recipients social security number:	(400-00-2036)
Recipients name (First, MI, Last):	(IRENE K INSIGHTFUL)
Recipients street address:	(512 HOWARD DR)
Recipients city state and zip code:	(WINTER PARK FL 32789)
Box 1 Gross distribution:	(700)
Box 2a Taxable amount:	(100)
Box 7 Distribution code:	(7)
Box 7 IRA/SEP/SIMPLE:	(X)
Box 11 State/Payers state no:	(NY 132143)
Box 12 State distribution:	(100)

TEST #37

FORMS INCLUDED: FORM 1040, FORM W-2 (1), FORM W-2GU (1)

FORM 1040:

First Name, MI & Last Name:	(TEST C MAKERS)
Social Security Number:	(400-00-1037)
Home Address:	(147 WEST BURLINGTON ST)
City, State, and Zip:	(ST PAUL, MN 55145)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(SINGLE)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 7 Wages, salaries, tips, etc:	(7500)
Line 9a Ordinary dividends:	(26000)
Line 17 Rental real estate, royalties:	(65500)
Line 18 Farm income:	(-13400)
Line 22 Total income:	(85600)
Line 36 Adjusted gross income:	(85600)
Line 37 Amount from line 36:	(85600)
Line 39 Itemized or standard deduction:	(3686)
Line 40 Subtract line 39 from line 37:	(81914)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(3100)
Line 42 Taxable income:	(78814)
Line 43 Tax:	(16698)
Line 45 Add line 43 and 44:	(16698)
Line 56 Subtract line 55 from line 45:	(16698)
Line 62 Total tax:	(16698)
Line 63 Federal income tax withheld:	(750)
Line 64 2004 estimated tax paid:	(18000)
Line 70 Total payments:	(18750)
Line 71 Amount overpaid:	(2052)
Line 72a Amount refunded to you:	(2052)
Line 72b Routing transit number:	(XXXXXXXXXX)
Line 72d Account number:	(XXXXXXXXXXXXXXXXXXXX)

Third Party Designee:	(NO)
Taxpayer's Occupation:	(ENTREPRENEUR)

Test #37 (continued):

Form W-2 #1:

b. Employer identification number: (58-1234521)
c. Employer's name address and zip code: (MONEY MAKER INVESTMENTS)
(4256 HARRISON DRIVE)
(ATLANTA GA 30348)
d. Employee's social security number: (400-00-1037)
e. Employee's name (first, mi, last): (TEST C MAKERS)
f. Employee's address and zip code: (MAD1 OTTO BRIDGE RD)
(PAGO PAGO AS 96799)

Box 1 Wages, tips, etc.: (27000)
Box 2 Federal income tax withheld: (5000)
Box 3 Social security wages: (27000)
Box 4 Social security tax withheld: (1674)
Box 5 Medicare wages and tips: (27000)
Box 6 Medicare tax withheld: (392)
Box 15 State and state ID number: (AS 785413)
Box 16 State wages: (27000)
Box 17 State income tax: (2000)

Form W-2GU #1:

b. Employer identification number: (56-5588964)
c. Employer's name address and zip code: (INVESTWISE BROKERAGE)
(145 HAMPTON DRIVE)
(RALEIGH NC 27634)
d. Employees social security number: (400-00-1037)
e. Employees name (first, mi, last): (TEST C MAKERS)
f. Employees address and zip code: (MAD1 OTTO BRIDGE RD)
(PAGO PAGO AS 96799)

Box 1 Wages, tips, etc.: (7500)
Box 2 Guam income tax withheld: (750)
Box 3 Social security wages: (7500)
Box 4 Social security tax withheld: (465)
Box 5 Medicare wages and tips: (7500)
Box 6 Medicare tax withheld: (109)

TEST #38

FORMS INCLUDED: FORM 1040, FORM W-2 (1)

FORM 1040:

First Name, MI & Last Name:	(TEST A RESEARCH)
Social Security Number:	(400-00-1038)
Home Address:	(146 KASHEN UNIVERSITY DR)
City, State, and Zip:	(SPRUCE PINE, NC 28777)
Do you want \$3.00 to go to the Presidential Campaign Fund:	(NO)
Filing Status:	(SINGLE)
Number of boxes checked on 6a and 6b:	(1)
Total number in box 6d:	(1)
Line 7 Wages, salaries, tips, etc:	(45000)
Line 21 Other income:	(-10000)
Literal:	(FORM 8833 -10000)
Line 22 Total income:	(35000)
Line 36 Adjusted gross income:	(35000)
Line 37 Amount from line 36:	(35000)
Line 39 Itemized or standard deduction:	(4850)
Line 40 Subtract line 39 from line 37:	(30150)
Line 41 Multiply \$3100 by the total number of exemptions on line 6d:	(3100)
Line 42 Taxable income:	(27050)
Line 43 Tax:	(3704)
Line 45 Add line 43 and 44:	(3704)
Line 56 Subtract line 55 from line 45:	(3704)
Line 62 Total tax:	(3704)
Line 63 Federal income tax withheld:	(4000)
Line 70 Total payments:	(4000)
Line 71 Amount overpaid:	(296)
Line 72a Amount refunded to you:	(296)
Line 72b Routing transit number:	(XXXXXXXXXX)
Line 72d Account number:	(XXXXXXXXXXXXXXXXXXXX)
Third Party Designee:	(NO)
Taxpayer's Occupation:	(INTERIOR DECORATOR)

Test #38 (continued):

Form W-2 #1:

b. Employer identification number:	(56-9876543)
c. Employer's name address and zip code:	(NORTH CAROLINA UNIVERSITY) (101 WILDCAT DR) (SPRUCE PINE, NC 28777)
d. Employee's social security number:	(400-00-1038)
e. Employee's name (first, mi, last):	(TEST A RESEARCH)
f. Employee's address and zip code:	(146 KASHEN UNIVERSITY DR) (SPRUCE PINE NC 28777)

Box 1	Wages, tips, etc.:	(45000)
Box 2	Federal income tax withheld:	(4000)
Box 3	Social security wages:	(45000)
Box 4	Social security tax withheld:	(2790)
Box 5	Medicare wages and tips:	(45000)
Box 6	Medicare tax withheld:	(653)
Box 15	State and state ID number:	(NC 12345)
Box 16	State wages:	(45000)
Box 17	State income tax:	(2000)